2006 FOR PROFIT CORPORATION ANNUAL REPORT

Orestes Cardoso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P03000088591 t. Entity Name CARDOSO ACCOUNTING SERVICES, CORP. Principal Place of Business Mailing Address 782 WEST 36TH STREET 782 WEST 36TH STREET HIALEAH, FL 33012 HIALEAH, FL 33012 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0738739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARDOSO, ORESTES L DO NOT WRITE 782 WEST 36TH STREET HIALEAH, FL 33012 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE NAME CARDOSO, ORESTES L 782 WEST 36TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 SEC. me U00000556668 NAME CARDOSO, ORESTES L 05/17/06-80020-010 150.00 STREET ADORESS 782 WEST 36TH STREET CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this propriate required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

FILED