


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90084 004 ***150.00

DOCUMENT # P03000118106		
1. Entity Name OFIR INC.		

Principal Place of Business 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1191112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	CARDOSO, MIGUEL
STREET ADDRESS	520 BRICKELL KEY DRIVE STE 0-305
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	CARDOSO, ANTONIO M
STREET ADDRESS	520 BRICKELL KEY DRIVE STE 0-305
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	CARDOSO, SUSANA M
STREET ADDRESS	520 BRICKELL KEY DRIVE STE 0-305
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANHAM, NICHOLAS
STREET ADDRESS	520 BRICKELL KEY DRIVE 0-305
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	NICHOLAS STANHAM	02/08/06	305-374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #