2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P03000120830** 04-21-2006 90103 033 ***158.75 1. Entity Name FRAGA EXPORT, INC. Principal Place of Business Mailing Address 40000 13065 CAIRO LANE 13065 CAIRO LANE SUITE 1 SUITE 1 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0358299 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRAGA, FRANK Street Address (P.O. Box Number is Not Acceptable) **7920 NW 173RD STREET** HIALEAH, FL 33015 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE Change ☐ Addition ☐ Delete FRANK FRANK FRAGA, FRANK NAME NAME NW 187 ST **7920 NW 173RD STREET** STREET ADDRESS STREET ADDRESS HIALEAH, FL 33015 CITY-ST-ZIP th 33018. CITY-ST-ZIP VD Change TITLE ☐ Delete TITLE ☐ Addition FRAGA, FRANCISCO NAME NAME STREET ADDRESS 7920 NW 173RD STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIP po-Gontalez, Lujanis & Change TITLE ☐ Delete TITLE ☐ Addition CRESPO-GONZALEZ, LEYANIS NAME NAME STREET ADDRESS **7920 NW 173RD STREET** STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 district 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 an additions, with all other like empowered. of the corporation or the receive changed, or on an attachment

FILED

Daytime Phone #