2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 AM Secretary of State **DOCUMENT # P03000123040** 1. Entity Name AUTONOMA INC. Principal Place of Business Mailing Address 16473 NW 23 ST 16473 NW 23 ST PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied: 4. FEI Number 20-0422394 Not App \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TRINIDAD, HUGO 16473 NW 23 ST PEMBROKE PINES, FL 33028 IN THIS SPACE 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (10TE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RINALDI, SCILLA NAME STREET ADDRESS 16473 NW 23 ST PEMBROKE PINES, FL 33028 CITY-ST-77P TITLE NAME U00000408476 02/08/06-80059-025 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informindicated 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 discontinuous 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP