## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 28, 2006 8:00 am State

| <br>Secretary of S       |
|--------------------------|
| 04-28-2006 90194 011 *** |

| 1. Entity Nam  | MENT # PUSUUU 13 T<br>B<br>LOORING, INC.                   | 000  |               |   |                               | 04-28-2000 9                        | 0194 011 1.   | 50.00                        |  |  |
|--|--|--|---------------|---|-------------------------------|-------------------------------------|---|------------------------------|--|--|
| Principal Plac<br>1057 VIZCAY<br>#203<br>0C0EE, FL 3   | 'A LAKES ROAD  | Mailing Address<br>1057 VIZCAYA LAKES<br>#203<br>OCOEE, FL 34761 | ROAD          |   |                               | (SN (1) SN(SS (M) AB(1) SS(1) SN(S) | 200173  |                              |  |  |
|  | lace of Business   | 3 Mailing Address  | EBRU          | OK PD   |                               |                                     |   |                              |  |  |
| Suite, Apt.  | #, etc.<br>9-3   | Suite, Apt. #, etc.  |               |   | 042420                        |                                     | CR2E034 (11/05)   |                              |  |  |
| ORLAN  | 00.FL  | OPLANDO.   | FL            |   | 4. FEI N                      | lumber<br>0394975                   | } <del></del> +-  | pplied For<br>lot Applicable |  |  |
| 3381   | Country  | 39811  | Coun          | try   | 5. Certif                     | icate of Status Desired             | □ \$8.75 Ac<br>Fee Requir   | lditional<br>ed              |  |  |
|  | 6. Name and Address of Current F                           | Registered Agent   |               | Name  |                               | and Address of New Reg              | gistered Agent  |                              |  |  |
| ESCOBAR, DENIS   |  |  |               | ESCOBAR DENIS   |                               |                                     |   |                              |  |  |
| 1057 VIZCAYA LAKES ROAD<br>#203  |  |  |               | Strang Address (P.O. Box Number is Not Acceptable) # 1393 |                               |                                     |   |                              |  |  |
| OCOEE, F   | L 34761  |  |               | Cit A T   | •                             |                                     | <b>—</b> 7:- Co   | el a                         |  |  |
| 8. The above   | named entity submits this statement for                    | the purpose of changing it                                       | ragistare     |   | A NDD                         | or both in the State of Elect       | FL 39   | 811                          |  |  |
| the obligat  | ons of registered agent.                                   | the purpose of changing it                                       | s registere   | ad office of re-  | gistered agent, i             | OF BOOK! WITH STATE OF FROM         | a. Tamianilla will  | , and accept                 |  |  |
| SIGNATURE Signature. typed or printed name of rejustered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |  |               |   |                               |                                     |   |                              |  |  |
|  |  |  |               |   |                               |                                     |   |                              |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.0 | 9. Election Campa<br>Trust Fund Con                              |               | icing   | \$5.00 May E<br>Added to Fees | 3e                                  |   | ,                            |  |  |
| 10.  | OFFICERS AND I   | DIRECTORS  | 11.           |   | ADDITIO                       | ONS/CHANGES TO OFFIC                | ERS AND DIRECTOR  | RS IN 11                     |  |  |
| TITLE<br>NAME  | P<br>ESCOBAR, DENIS  | ☐ Delete   | TITLE         |   | 7<br>SCOBAR .                 | DENIS                               | <b>⊠</b> Change   | ☐ Addition                   |  |  |
| STREET ADDRESS   | 1057 VIZCAYA LAKES ROAD #2                                 | 03   |               | ET ADDRESS 4  | 056 MI                        | DDIEBZUUK R                         | D # 139   | 3                            |  |  |
| CITY-ST-ZIP  | OCOEE, FL 34761  |  |               |   | ETY NJ                        | 0 FL 388                            |   |                              |  |  |
| TITLE<br>NAME  | ESCOBAR, DENIS   | ☐ Delete   | TITLE<br>NAME | € ÎĔ  | P<br>SCOBAR                   | TENIS                               | Change     Ch | ☐ Addition                   |  |  |
| STREET ADDRESS CITY-ST-ZIP   | 1057 VIZCAYA LAKES ROAD #2<br>OCOEE, FL 34761              | 903  |               | ET ADDRESS  | 056 Ml                        | DDIEBROOK F                         | D   |                              |  |  |
| TITLE  | TR   | ☐ Delete   | TITLE         | 1   | R<br>R                        | 0, FL 3981                          | Change  | Addition                     |  |  |
| NAME   | ESCOBAR, DENIS   |  | NAM           | :   <u>'</u> E  | SCORAT                        | DENIS                               | _   |                              |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1057 VIZCAYA LAKES ROAD #2<br>OCOEE, FL 34761              | 03   |               | ET ADDRESS  | DELAND                        | DLEBROOK P<br>D.FL 39811            | . y   |                              |  |  |
| TITLE  | SEC  | ☐ Delete   | TITLE         | : K   | EC                            | ,                                   | Change  | ☐ Addition                   |  |  |
| NAME<br>STREET ADDRESS   | ESCOBAR, DENIS<br>1057 VIZCAYA LAKES ROAD #2               | 03   | NAME          | E ET ADDRESS  | SCOBAZ,                       | DENIS                               | RD.   |                              |  |  |
| CITY-ST-ZIP  | OCOEE, FL 34761  |  |               | -SI-ZIP   | RIANI                         | DENIS<br>DDEEBROOK<br>DO.FL 3981    | 1   |                              |  |  |
| TITLE  | • •  | ☐ Delete   | TITLE         |   |                               |                                     | ☐ Change  | ☐ Addition                   |  |  |
| NAME<br>Street adoress   |  |  | NAME<br>STREE | E<br>et adoress   |                               |                                     |   | •                            |  |  |
| CITY-ST-ZIP  |  |  | CITY-         | -SI-ZIP   |                               |                                     |   |                              |  |  |
| title<br>Name  |  | ☐ Delete   | TITLE<br>NAME |   |                               |                                     | ☐ Change  | ☐ Addition                   |  |  |
| STREET ADDRESS   |  |  |               | ET ADORESS  |                               |                                     |   |                              |  |  |
| CITY-ST-ZIP  |  |  | CITY-         | -ST-ZIP   |                               | <u> </u>                            |   |                              |  |  |
| 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. |  |  |               |   |                               |                                     |   |                              |  |  |

04/34/06