2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P03000144748

Entity Name: INVERSIONES VARGAS-RAMOS, INC.

Current Principal Place of Business:

214 LA COSTA COURT
WESTON, FL 33326 US

New Principal Place of Business:

15970 W STATE RD
235
SUNRISE, FL 33326 US

Current Mailing Address:

230 LAKEVIEW DRIVE #303
WESTON, FL 33326 US

New Mailing Address:

15970 W STATE RD
235
SUNRISE, FL 33326 US

FEI Number: 65-1210410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAROLD, CALLE
1820 NORTH CORPORATE LAKES BLVD
SUITE 108
WESTON, FL 33326 US

Name and Address of New Registered Agent:

VARGAS, MONICA
15970 W STATE RD
235
SUNRISE, FL 33326 US

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.

SIGNATURE: MONICA VARGAS 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VARGAS RAMOS, SANTIAGO
Address: 230 LAKEVIEW DRIVE #303
City-St-Zip: WESTON, FL 33326 US

Title: V.P. ( ) Delete
Name: VARGAS RAMOS, SANTIAGO
Address: 1929 LANDING WAY
City-St-Zip: WESTON, FL 33326 US

Title: S ( ) Delete
Name: VARGAS RAMOS, CARLOS
Address: 214 LA COSTA COURT
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO VARGAS RAMOS P 04/28/2006
Electronic Signature of Signing Officer or Director Date