2006 FOR PROFIT CORPORATION

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ANNUAL REPORT DOCUMENT # P03000146594 1. Entity Name



FILED Mar 27, 2006 08:00 AM Secretary of State

Principal Place of Business

7247 SW 16 ST MIAMI, FL 33155

FULCA, INC.

Mailing Address

7247 SW 16 ST MIAMI, FL 33155



กรรถรถถล

No Cho-P

CR2E034 (11/05)

4. FEI Number 20-0465469

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FULGENCIO 7247 SW 16 ST

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MIAMI, FL 33155		IN T	IN THIS SPACE	
	bove named entity submits this statement for the polygations of registered agent.	ourpose of changing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere		if applicable. (NOTE: Registered Agent signature required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	U00000480428 04/10/06-80043-018 150.00	
10.	OFFICERS AND DIREC	CTORS		
TITLE	P POPOLICIEZ ELITECTUCIO			

STREET ADDRESS 7247 SW 16 ST CSTY-ST-ZIP MIAMI, FL 33155 TITLE RODRIGUEZ, MARIA NAME STREET ADDRESS 7247 SW 16 ST MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 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: .

SIGNATURE AND TY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-13-06 305.264.527