2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000147734					Mar 24, 2006 08:00 AM Secretary of State				
1. Entity Nat	DORIGUEZ, INC.				Secret	tary o	i Stat	te	
20000	DRIGGEZ, INC.		}						
Principal Place of Business Mailing Address					1				
3848 LYONS RD #108		3848 LYONS RD			Wronge sie diffrmm mae dimin m		han the barry	1975 ST 14 14 m 1	
COCONUT CREEK FL 33073		#108 COCONUT CREEK FL 33073							
2. Principal Place of Business		3. Mailing Address) 11#	ashar 111 4%, as 1111 agus a	### P#### 11### #####	Hall (see a till) K	arter et ikur	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	MOORE	CR2E034	(10/05)		
City & State		City & State		4. FEi Numi	51-04890	56	[]	pplied For ot Applical:	
Zip	Country	Zip	Country	,	5. Certificat	e of Status Desired		\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent					7. Name an	d Address of New	Registered.	Agent	
RODRIGUEZ, PEDRO				Name					
384	8 LYONS RD #108			Street Address (f	P.O. Box Number is Not Acceptable)				
500	CONUT CREEK FL 33073								
			<u> </u>	City			FL	Zip Cod	le .
8. The above the obliga	a named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered	office or register	ed agent, or bo	oth, in the State of i	Florida. I am	familiar with,	and accept
SIGNATURE	Signatura, typed or printed name of registered agent	and fitte if applicable (NOTE.	. Registered A	gent signature required	when regetating)		DATE		 .
(.)	TLE NOW!!! FEE IS \$150.00	September 197							
After	May 1, 2006 Fee Will Be \$550.00	manifestation and the same				8. Election Cam Trust Fund C			00 May Ge ed to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			11.		ACCUTICAN	CHANGES TO OF	EICEDS AND	NIPECTOS	Q 1N/ 1 4
TITLE	PD	☐ Delete	TITLE		ADDITIONS.	ICH INTOCKS TO CK	יויות פונטטוו	Change	Addition
NAME	RODRIGUEZ, PEDRO		NAME	{		000001J 1-2 070174 U	479755_		
STREET ADDRESS CITY-ST-ZIP	3848 LYONS RD #108 COCONUT CREEK FL 33073		STREET A]		04/10/05-1	90816-01	17 150.	80
TITLE	GOOGNOT BREEZE FE BOOTS	☐ Delete	DITLE				- ,- -	☐ Change	Addilion
NAME			NAME						
STREET ADDRESS			STREET A	,					
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NAME			NAME					_ •	
STREET ADDRESS CITY-ST-77P			STREET A	l l					
ZILTE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME	DODE CO					
CITY-ST-ZIP			STREET A	{					
TITLE		☐ Delete	TOLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST- <i>I</i> IP			STREET A	- 1					
TITLE		□ Delete	LLDTE				, , , , , , , , , , , , , , , , , , , 	Change	Addition
NAME CORE ADDRESS			NAME	DOBE DO					
STREET ADDRESS CITY-ST-ZIP			STREET A	1					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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:

Televo Rodrique 3-21-06 954 478-7557

SIGNATURE: Da

Pedro Rodriguez 3-21-06 954 478-7557
TED NAME OF SIGNING OFFICER OR DIRECTOR

David Propos

David Pr

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