

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157148

FILED
Mar 01, 2006
Secretary of State

Entity Name: JOSUE ROSARIO-PASTRANA INC.

Current Principal Place of Business:

834 ORIENTA AVE. APT C
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

830 SUNRISE DR.
CASSELBERRY, FL 32707

Current Mailing Address:

834 ORIENTA AVE. APT C
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

530 SUNRISE DR.
CASSELBERRY, FL 32707

FEI Number: 20-1608354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO-PASTRANA, JOSUE
834 ORIENTA AVE, APT C
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

ROSARIO-PASTRANA, JOSUE
530 SUNRISE DR.
CASSELBERRY, FL 32707 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: JOSUE ROSARIO

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ROSARIO PASTRANA, JOSUE
Address: 834 ORIENTA AVE., APT C
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: CASTILLO, NITZALIZ
Address: 834 ORIENTA AVE. APT C
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ROSARIO PASTRANA, JOSUE
Address: 530 SUNRISE DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change () Addition
Name: CASTILLO, NITZALIZ
Address: 530 SUNRISE DR.
City-St-Zip: CASSELBERRY, FL 32707

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: JOSUE ROSARIO

PD

03/01/2006

Electronic Signature of Signing Officer or Director

Date