
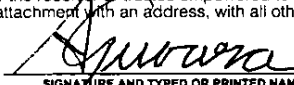


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 042 ***150.00

DOCUMENT # P04000039319 1. Entity Name DIRECTO ENTERPRISE CORP					
Principal Place of Business 17758 SW 20 ST MIRAMAR, FL 33029			Mailing Address 17758 SW 20 ST MIRAMAR, FL 33029		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, RAFAEL J 701 N. STATE RD. 7 HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUEVARA, ALVARO 17758 SW 20 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DURANGO, DARIS P 17758 SW 20 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: 		07/15/06 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

ATTACHMENT
50024659

July 06, 2006

**DIVISION OF CORPORATION
P O BOX 6198
TALLAHASSEE, FL 32314**

DOC # P04000039319
DIRECTO ENTERPRISE CORP
17758 SW 20 ST
Miramar, FL 33029-5240

UBR 2006

Enclosed is a Check for the amount \$ 150.00

We are paying late the UBR 2006, due to the fact that the forms were never received by the officers. Please accept our payment in order to keep the Corporation active and in good standing.

Thanks

Very truly yours


ALVARO GUEVARA
President