2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044965

Entity Name: REFICON THIRD, INC.

Title:

Name:

Address:

City-St-Zip:

VΡ

(X) Delete

2665 S BAYSHORE DRIVE SUITE 701

LONGORIA HENKEL, ROSAURA

MIAMI, FL 33133 US

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2655 SOUTH BAYSHORE DRIVE SUITE 701 MIAMI, FL 33133 **New Mailing Address: Current Mailing Address:** 2655 SOUTH BAYSHORE DRIVE SUITE 701 MIAMI, FL 33133 FEI Number: 20-2427398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUTIERREZ, NICOLAS J JR. ESQ. 2665 SOUTH BAYSHORE DRIVE SUITE 701 MIAMI, FL 33133 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HENKEL PEREZ CASTRO, EDUARDO Name: Name: 2665 SOUTH BAYSHORE DRIVE SUITE 701 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: () Delete Title: STD Title: () Change () Addition NUNEZ PINEDA, FELIX Name: Name: 2665 SOUTH BAYSHORE DRIVE SUITE 701 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition GUTIERREZ, NICOLAS J JR, ESQ Name: Name: 2665 S BAYSHORE DRIVE, SUITE 701 Address: Address: City-St-Zip: MIAMI, FL 33133 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NICOLAS J. GUTIERREZ, JR., ESQ. VP 04/25/2006

() Change () Addition