2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P04000044982 Feb 10, 2006 08:00 AN **Secretary of State** OSCEOLA TRACE DEVELOPEERS, INC. Principal Place of Business Mailing Address 11030 N KENDALL DR STE 100 MIAMI FL 33176 11030 N KENDALL DR STE 100 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 34-1987805 Not Applicat Zφ Country Zŧp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ VALLE, MARIE ESQ Street Address (P.O. Box Number is Not Acceptable) 10570 NW 27 ST UNIT 103 MIAMI FL 33172 City 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 accerthe obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and bits if applicable (NOTE Registered Agent signature required when relistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May P After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ A.'''' NAME ROBLES, ALEJANDRO MAME U00000429225 02/21/06-80082-002 150.00 STREET ADDRESS 11030 N KENDALL DR STE 100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Vijijiu NAME ROBLES, FRANK C NAME STREET ADDRESS STREET ADDRESS 11030 N KENDALL DR STE 100 CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addin NAME NAME ISENBERGH, ERIC STREET ADDRESS STREET ADDRESS 11030 N KENDALL DR STE 100 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** TITLE ☐ Delete TITLE ☐ Change Addis: NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change Acidin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change T Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.