2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

changed, or on an attachment with

SIGNATURE:

DOCUMENT # P04000061478 Secretary of State BF DIESEL, INC. Principal Place of Business Mailing Address 10B00 NW 29 ST 10800 NW 29 ST MIAMI, FL 33172 MIAMI, FL 33172 CR2E034 (11/05) D3D72008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0994848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLEST, ALBERTO DO NOT WRITE 10515 NW 43 TERRACE MIAMI, FL 33178 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be JJJIJJJJJ488514 \Box Trust Fund Contribution. Added to Fees 03/23/06-80013-014 158.75 OFFICERS AND DIRECTORS 10. DP HTLE **BLEST, ALBERTO** NAME 10515 NW 43 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 TITLE FERNANDEZ, LIDICE MAME STREET ADEMESS 10515 N.W. 43 TERRACE MIAMI, FL 33178 CITY-ST-ZIP 7171 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

FILED Mar 13, 2006 08:00 AM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOS OBJECTS POINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall below 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 poor as required by chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this poor as required by chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empower to execute this poor as required by chapter 607. Florida Statutes 1 further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or supplied with the information indicated on this report of the corporation of the