2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90247 037 ***150.00

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1. Entity Name
DE SAUTU & ASSOCIATES, P.A.

60034764

05012006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
9809 COSTA DEL SOL BLVD DORAL, FL 33178	9809 COSTA DEL SOL BLVD DORAL, FL 33178
2. Principal Place of Business: 8520 S.W 107 st	3. Mailing Address: 8520 S.W 107 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33156	City & State: Miami FL 33156
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number: 27-0090363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SAUTU, MARCIAL
9809 COSTA DEL SOL BLVD
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name: Marcial De Sautu
Street Address (P.O. Box Number is Not Acceptable): 8520 S.W 107 st
City: Miami FL Zip Code: 33156

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: [signature] DATE: 5/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP DE SAUTU, MARCIAL 9809 COSTA DEL SOL BLVD DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Marcial De Sautu 8520 S.W 107 st Miami, FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5/1/06 305-588-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #