2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

NATURE AND TYPED OR PRINTED NAME OF

Secretary of State DOCUMENT # P04000088278 02-21-2006 90015 032 ***150.00 EL POTRO CUBANO, INC. Principal Place of Business Mailing Address 342 € 131H 51 342 E 13TH ST $\mathbb{N}^{G_{i}}$ HIALEAH, FL 33010 THALEAH, FL 33010 2. Principal Place of Business 1556 Overtoken Mailing Address 1556 Gretchen Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 05-0603855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RODRIGUEZ, CATALINA M . Street Address (P.O. Box Number is Not Acceptable) 342 E 13TH ST HIALEAH, FL 33010 ehiah 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 (NOTE: Registered Agent signature required when reinstating) SIGNATURE ! DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FIGUEREDO, ARGELIO B NAME NAME STREET ADDRESS *542 E 13TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL. 33010-TITLE ☐ Delete TITLE RODRIGUEZ, CATALINA M NAME NAME STREET ADDRESS 942 E 19TH 9T-STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP TITLE ☐ Detete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe ■ Addition NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 2006

FILED

Feb 21, 2006 8:00 am