2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90344 044 ***150.00

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1. Entity Name
RAG DOLLS AND MORE, CORP.

Principal Place of Business	Mailing Address
8550 SW, 109 AVE 107 MIAMI, FL 33173	8550 SW, 109 AVE 107 HIALEAH, FL 33173

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
8810 SW 132 PL		8810 SW, 132 PL	
Suite, Apt. #, etc.: 304DN		Suite, Apt. #, etc.: 304DN	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. FEI Number: 20-1264739 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, AUGUSTO E
1990 SW, 121 COURT
237
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name: MARTINEZ, AUGUSTO E.
Street Address (P.O. Box Number is Not Acceptable): 900 W 49 ST. SUITE 315
City: HIALEAH FL Zip Code: 33012

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: Augusto E. Martinez DATE: 04/25/06
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 MARTINEZ, AUGUSTO E 1990 SW, 121 COURT, NO. 237 MIAMI, FL 33175	☐ Delete	DP MARTINEZ, AUGUSTO E. 900 W. 49 ST, SUITE 315 HIALEAH, FL. 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ANTEPARA, ANA C 8550 SW 107TH AVE #107 MIAMI, FL 33173	☐ Delete	DST ANTEPARA, ANA C 8810 SW, 132 PL # 304 DN MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Augusto E. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #