2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED SECRETARY OF STATE DIVISION OF COCCORATIONS DOCUMENT # P04000092793 1. Entity Name AFFAIRS, INC. 06 FEB 14 PM 3: 43 Principal Place of Business Mailing Address 151 CRANDON BLVD. #4444 1933 SW 27TH AVE #201 KEY BISCAYNE, FL 33149 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address RANDON BLUD Suite, Apt. #, etc. CR2E034 (11/05) 01202006 Chg-P Applied For City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip 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 VIDAL, JORGE L Street Address (P.O. Box Number is Not Acceptable) 151 CRANDON BLVD. #444 KEY BISCAYNE, FL 33149 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VIDAL Torge L. Dechange Change TITLE D ☐ Delete TITLE ☐ Addition VIDAL, JORGE L NAME NAME 151 CRANDON BLVD. #4444 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE ASTILLO CARLOS NAME NAME CRANDON Blud. HYYY STREET ADDRESS STREET ADDRESS Scarre, Florida 33149 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME 600067029916 \$TREET ADDRESS STREET ADDRESS 03/03/06--01037--028 **150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.