## 2006 FOR PROFIT CORPCRAȚION ANNUAL REPORT

SIGNATURE:

## Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000094732 1. Entity Name WIRÉS VENTURES FLORIDA INC Principal Place of Business Mailing Address 520 BRICKELL KEY DR., STE. 0-305 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 04132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1328836 Not Applicable Zip Country 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 Name TRANSGLOBAL CORPORATE ADMINISTRATION, LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR., STE. O-305 MIAMI, FL 33131 Zip Code 3. 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Addition Change. RIOS, ENRIQUE NAME NAME STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DE RIOS, HAYDEE M NAME NAME 800000537694 05/09/06-80029-009 150.00 STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 chapter 607, and that my name appears in Block 10 or Block 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

04/20/06

305-374-380U

Daytime Phone