2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachmer

SIGNATURE:

address, Aith all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2006 8:00 am Secretary of State DOCUMENT # P04000109103 05-03-2006 90239 026 ***158.75 PICASSO MULTIMEDIA, CORP. Principal Place of Business Mailing Address 20042242 274 CONSERSATION DR 274 CONSERSATION DR WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 02202006 Chq-P CR2E034 (11/05) City & State City & State Applied For 4 FEI Number 20-1716185 Not Applicable Zip Country 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 JUAGRA, DAVID R 274 CONSERVATION DR Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33327 City Zin 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box 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 ☐ Delete TITLE ☐ Change ☐ Addition JUACIDA, DAVID R NAME NAME STREET ADDRESS LUIS PASTEUR 5280 OFICINA 303 STREET ADDRESS CITY-ST-ZIP VITACURA-SANTIAGO-CHILE, CITY-ST-ZIP TITLE ☐ Delete TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IB CITY-ST-78P I hereby certify that the information supplied with this tiling 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

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