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FLORIDA STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133852			
1. Entity Name NACHO FIGUERAS, INC.			
Principal Place of Business 13410 SOUTHSORE BLVD WELLINGTON, FL 33414		Mailing Address 13410 SOUTHSORE BLVD WELLINGTON, FL 33414	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1730224		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name IGNACIO FIGUERAS Street Address (P.O. Box Number is Not Acceptable) 13410 Southshore Blvd City Wellington FL Zip Code 33414	
9. 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 (NOT IF: Registered Agent signature required when withdrawing) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	PSTD FIGUERAS, IGNACIO ☐ Delete 13410 SOUTHSORE BLVD WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100069173051 03/31/06--01048--012 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), 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: ☒ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		T. FIGUERAS 4/25/05 541 827 0877 DATE DAYTIME PHONE #	

Nacho Figueras, Inc
13410 Southshore Blvd
Wellington, FL 33414

March 17, 2006

Mr. Sean Toner
Senior Section Administrator
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

I did not receive the May 15, 2005 letter that you sent requesting corrections. During the year I travel to various states and various countries and my mail is either held or forwarded based on the length of my stay. It is possible this letter was somehow lost in forwarding. I would have given such a notice to my accountant if I had received it.

Sincerely,

Ignacio Figueras