. • 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000171248 1. Entity Name **CLAZABAL INVESTMENTS INC.** Principal Place of Business 2345 ARCH CREEK DR. 2345 ARCH CREEK DR. MIAMI, FL 33181 MIAMI, FL 33181 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2046330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE OLAZABAL, ARMANDO 2345 ARCH CREEK DR. MIAMI, FL 33181 IN THIS SPACE 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 regressed agent and bits if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. πε U00000506345 .04/27/06-80015-018 150.00 NAME OLAZABAL, ARMANDO STREET ADDRESS 2345 ARCH CREEK DR. CITY-ST-ZIP MIAMI, FL 33181 TITLE the state of the s NAME $S_{\mathcal{F}}(G) = C_{\mathcal{F}}(G) = \frac{1}{2} \left(\frac{1$ STREET ADDRESS The second secon CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-20P TITLE Service of Services NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 supplied earlier and accurate and that my signature shall have the same legal effect as if made under oats; that I am an officer or director of the corporation or the receiver of trustee empowered to Associate this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 507 or an attachiert with an address, with all otiget like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NATURE AND TYPED AR

FILED

Daytime Phone #