

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90009 044 ***150.00

DOCUMENT # P05000009102 1. Entity Name SON DE BARRIO, CORPORATION			
Principal Place of Business 9340 FOUNTAINBLEAU BLVD APT # 106 MIAMI, FL 33172		Mailing Address 9340 FOUNTAINBLEAU BLVD APT # 106 MIAMI, FL 33172	
2. Principal Place of Business 2993 West 80 St. Suite, Apt. #, etc. 32		3. Mailing Address 2993 W 80 St. Suite, Apt. #, etc. 32	
City & State Hialeah, FL Zip 33018		City & State Hialeah, FL Zip 33018	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-2179372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGULO, FLAVIO M 9340 FOUNTAINBLEAU BLVD APT # 106 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name ANGULO, FLAVIO M Street Address (P.O. Box Number is Not Acceptable) 2993 W 80 St. #32 City Hialeah	
State FL		Zip Code 33018	
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 <small>Signature, typed, printed name of registered agent and title if applicable.</small>		DATE 05-20-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ANGULO, FLAVIO M STREET ADDRESS 9340 FOUNTAINBLEAU BLVD # 106 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE P NAME ANGULO, FLAVIO M STREET ADDRESS 2993 W 80 St. #32 CITY-ST-ZIP Hialeah, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME ANGULO, FLAVIO M STREET ADDRESS 9340 FOUNTAINBLEAU BLVD # 106 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE TR NAME ANGULO, FLAVIO M STREET ADDRESS 2993 West 80 St. #32 CITY-ST-ZIP Hialeah, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 05-20-06	
Daytime Phone # (786) 285-8139			