₹2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000009590



FILED

Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90014 036 ***150.00 SOBERANO GUEST HOUSE INC Principal Place of Business Mailing Address 400Hav 3003 GRANADA CT 17682 SEALAKES DRIVE FT. LAUDERDALE, FL 33304 BOCA RATON, FL 33498 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-218 3336 Not Applicable Zio Country Zip Country Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUDNER, MORDECAL Street Address (P.O. Box Number is Not Acceptable) 17682 SEALAKES DRIVE BOCA RATON, FL 33498 City Zip Code 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, 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 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change ■ Addition SOBERANO, OHAD NAME STREET ADDRESS 3003 GRANADA CT STREET ADDRESS C-TY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP itia E ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C.TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C TY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 eddrose, with all other like empowered. all other like empowered

SIGNATURE:

FR OR DIRECTOR