2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90179 022 ***150.00

1. Entity Nan		# P05000020 RA CO.	0094			04-28-2006 90179 022 ***150.00 40069705
Principal Place of Business 652 CASCADE FALLS DRIVE WESTON, FL 33327			Mailing Address 652 CASCADE FALLS I WESTON, FL 33327	DRIVE		4000100
2. Principal Place of Business Sool S. Olange Blosson Suite, Apt. #, etc.			Suite, Apt. #, etc.		ia	04252006 Chg-P CR2E034 (11/05)
City & State Oplando, FL		WINTER GARden, FC			4. FE! Number Applied For Not Applicable	
3280°	<u></u>	Country NSA	^{Zip} ን 43 87	Country		5. Certificate of Status Desired Service Servi
350		and Address of Current	Registered Agent	Name	_	7. Name and Address of New Registered Agent
BOSCH, JAIRO M					Address (P.O. Box Number is Not Acceptable)
T EMBNORE FINEO, TE 33023				1.	744	+ PORTCASTLE CIR.
City					$m^{!}$	ver Garden, FL 34987
8. The above named entity subplits this statement for he 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 gent.						
SIGNATURE Church Kegulo Villance On 25/06						
Signature, typed or printed one of agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FIL After M	E NOW!!! lay 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Con		\$ 5 D Add	.00 May Be led to Fees
10.	,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MAME	CASTILO	, REGULO ENRIQUE \	☐ Delete	TITLE NAME	Fi	IlmRacal Regulo E. Strange Addition
STREET ADDRESS		ING CIR #7-303		STREET ADDRESS	1 7 '	144 PORTCASTIC CIR.
CITY-ST-ZIP	V	FL 34761	☐ Delete	CITY-ST-ZIP	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	inter Ganden, the 3470+
NAME	1	, MARIA CAROLINA M		NAME		RA, MARIA C.
STREET ADDRESS CITY-ST-ZIP	1	ING CIR #7-303 FL 34761		STREET ADDRESS CITY-ST-ZIP	١٦	14 PORTCASTICCIE
TITLE			Delete	TITLE	"	Change Addition
NAME STREET ADDRESS				NAME Street address		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE NAME			Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	- 		€ Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME			C Delete	NAME		Change Addition
STREET ADDRESS						
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	•	
CITY-ST-ZIP			☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME			☐ Delete	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e information supplied with		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e information supplied with or supplemental report he receiver or trustee erri achment with an address		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if