FILED Apr 14, 2006 8:00 am Secretary of State

2006	 PRO NNU	 	 ATIO	N

	ANNOAL		Secretary or State					
DOCUMENT # P05000025732 1. Entity Name MARES INSTALLATIONS, INC.					04-14-2006 90149 010 ***150.00			
Principal Place	e of Business	Mailing Address				5001211	ヴ	
1819 NORTH 17TH AVENUE, SUITE B HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020					•	0001211	•	
	lace of Business	3. Mailing Address						
6355 26 Aug 6355 26			BUR				(88) 11 (88)	
Suite, Apt.		Suite, Apt. #, etc.		03022006	Chg-P	CR2E034 (11/05)		
City & State		City & State HOILY 2000	f E	4. FEI Numb			plied For	
Zip NY	Country		Country		401870		t Applicable	
3300		33020	USA	5. Certificate	of Status Desired	□ \$8.75 Addi		
	6. Name and Address of Current R			7. Name and	d Address of New Re		-	
			Name			 		
	UTRERA PA			Ernesto		andez		
1840 SOU MIAMI, FL	THWE8T 22 STREET, 4TH FLO -33145	OOR		ddress (P.O. Box Numb		 ::		
			(63)	<u>5 S 26</u>	AUR			
			City	6000 rllof	1	FL Zin Code	380	
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its req				ida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or profited pame of registered agent an			Ferband re required when reinstating)	୧୯	312106		
	FE NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			\$5.00 May Be Added to Fees				
10.	OFFICERS AND D		11.	ADDITIONS	/CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
TITLE	DPT FRANCES FRANCES M	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	FERNANDEZ, ERNESTO M 1819 NORTH 17TH AVENUE, SUI	TE R	name Street address	635 5 26	AUR			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	ILD	CITY-ST-ZIP	Holly wood		2.0	Į	
TITLE	DVS	☐ Delete	TITLE	11011200	9116336			
NAME	ARANDA, ROSALIA B	□ Detete	NAME			🔼 Change	Addition	
STREET ADDRESS	1819 NORTH 17TH AVENUE, SUI	TE B	STREET ADDRESS	635 5 26	AUR			
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Hollywood	, FL 338	020	ļ	
TITLE		Delete	TITLE	1,011,0000		☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	-		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•				
		·						
YITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		<u> </u>	NAME			Z_1 Omenge		
STREET ADDRESS			STREET ADDRESS				[
CITY-ST-ZIP			CITY-ST-ZIP					
indicated	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee among	rue and accurate and that my	signature shall h	ave the same legal effe	ct as if made under or	ath; that I am an officer	or director	

changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE: <u>メ</u>

Ernesto Fernandez 3/a/06 (786)326-6960

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayling Priore #