2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 31, 2006 8:00 am Secretary of State DOCUMENT # P05000030618 05-02-2006 90287 001 ***600.00 05-31-2006 90008 020 ****61.25 LLANQUIHUE, INC. Principal Place of Business Mailing Address 20019281 201 S. BISCAYNE BLVD. 201 S. BISCAYNE BLVD. 34TH FLOOR 34TH FLOOR MIAMI, FL 33131 US MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 4850 S.W. 72ND AVE SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 05092006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 20 24 28 545 Not Applicable MIAMI Country Country \$8.75 Additional Zip 5. Certificate of Status Desired U. 5. A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONSTRUCTION GAMMA FERRELL GROUP CORPORATE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 4850 5.W. 72 ND AVE 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131 Zip Code 33/55 MAMI 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 obligati EC 05/09/06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition PATRICIO CERVANTES 4850 B.W. 72ND AVE NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Defete TITLE Change | TITLE MARIA E. CERVANTES NAME NAME 4850 S.W. 72 ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33155 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

05/09/06

Daytime Phone #