

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033406

Entity Name: FOLGUERAS CORPORATION

FILED
Jan 29, 2006
Secretary of State

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
203
CORAL GABLES, FL 33134

New Principal Place of Business:

2814 SW 99 COURT
MIAMI, FL 33165

Current Mailing Address:

299 ALHAMBRA CIRCLE
203
CORAL GABLES, FL 33134

New Mailing Address:

2814 SW 99 COURT
MIAMI, FL 33165

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENENDEZ, ALVARO SR
299 ALHAMBRA CIRCLE
203
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MENENDEZ, ALVARO SR
2814 SW 99 COURT
MIAMI, FL 33165 US

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.

SIGNATURE: ALVARO MENENDEZ SR

01/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MENENDEZ, ALVARO SR.
Address: 299 ALHAMBRA CIRCLE. SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: MENENDEZ, JOSEFA
Address: 299 ALHAMBRA CIRCLE. SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: DS (X) Delete
Name: MENENDEZ, ALVARO JR
Address: 299 ALHAMBRA CIRCLE. SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Delete
Name: ELLIOT, MARIA D
Address: 299 ALHAMBRA CIRCLE. SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MENENDEZ, ALVARO SR.
Address: 2814 SW 99 COURT
City-St-Zip: MIAMI, FL 33165

Title: DT (X) Change () Addition
Name: MENENDEZ, JOSEFA
Address: 2814 SW 99 COURT
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO MENENDEZ DR

D

01/29/2006

Electronic Signature of Signing Officer or Director

Date