

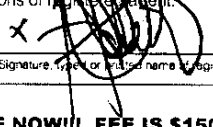
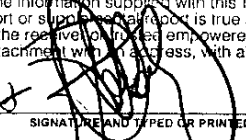


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 012 ***150.00

DOCUMENT # P05000036516 1. Entity Name TORRES HIDALGO GATO, P.A.					
Principal Place of Business 16030 SOUTHWEST 89TH AVENUE ROAD PALMETTO BAY, FL 33157			Mailing Address 16030 SOUTHWEST 89TH AVENUE ROAD PALMETTO BAY, FL 33157		
2. Principal Place of Business 2355 Salzedo ST Suite, Apt. #, etc. #204-C		3. Mailing Address 2355 Salzedo ST Suite, Apt. #, etc. #204-C			
City & State Conal Gables, FL		City & State Conal Gables, FL		4. FEI Number 14-1924777	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name IVAN TORRES HIDALGO GATO, Street Address (P.O. Box Number is Not Acceptable) 16030 S-W 89th Avenue Road City Palmetto Bay FL Zip Code 33157	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  IVAN TORRES HIDALGO GATO. 4/24/06. <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD TORRES HIDALGO GATO, IVAN F 16030 SOUTHWEST 89TH AVENUE ROAD PALMETTO BAY, FL 33157		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby 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 supplied in this 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 registered agent 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.					
SIGNATURE:  IVAN TORRES HIDALGO GATO 4/24/06 (305) 648-9696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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