

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000046164 1. Entity Name CLAUDIA AND SONS CORPORATION						FILED 06 OCT 24 PM 3:41 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12018 SW 88TH ST MIAMI, FL 33186				Mailing Address 12018 SW 88TH ST MIAMI, FL 33186			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-2649413				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired XX				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY STE 200 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 obligations of registered agent.							
SIGNATURE <i>Vivian Williams</i>				VIVIAN WILLIAMS		10-18-06	
Amended AR is \$61.25				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 D <input type="checkbox"/> Delete NAME VARANDO, CLAUDIA STREET ADDRESS 12018 SW 88TH ST CITY-ST-ZIP MIAMI, FL 33186				TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VARANDO, CLAUDIA STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VARANDO, MARIA STREET ADDRESS 12018 SW 88th Street CITY-ST-ZIP Miami, FL 33186			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VARANDO, YESICA STREET ADDRESS 12018 SW 88th Street CITY-ST-ZIP Miami, FL 33186			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 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.							
SIGNATURE: <i>Claudia Varando</i>				10-13-06 305-271-7700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLAUDIA VARANDO, President				Date Daytime Phone #			