

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90171 027 ***158.75

DOCUMENT # P05000054226

1. Entity Name
BURROSO, INC.



Principal Place of Business Mailing Address
5725 YAHL ST. 5313 MITCHEL ST
#3 NAPLES, FL 34109 US NAPLES, FL 34113 US

40053313



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
159 NIMITZ ST

04142006 Chg-P CR2E034 (11/05)

City & State City & State
NAPLES FL

4. FEI Number Applied For
20-2673356 Not Applicable

Zip Country Zip Country
34104 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURROSO, MIGUEL ANGEL
5313 MITCHEL ST
NAPLES, FL 34113

Name
 Street Address (P.O. Box Number is Not Acceptable)
159 NIMITZ ST
 City **NAPLES FL** Zip Code **34104**

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 DATE **4/14/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BURROSO, MIGUEL ANGEL	
STREET ADDRESS	5313 MITCHEL ST	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	159 NIMITZ ST	
STREET ADDRESS	NAPLES FL 34104	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 the other one empowered.

SIGNATURE: DATE **4/15/06** DAYTIME PHONE # **239-253-2410**

SIGNATURE AND TITLE OF REGISTERED AGENT AND TITLE OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #