## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90208 044 \*\*\*150.00

Principal Pace of Business 7288 W 34 CT HIALEAH, FL 33018 HIALEAH, FL 33018  2. Principal Place of Business 725 W 3 CT Suite, Apr. 8, etc.  2. Suite, Apr. 8, etc.  2. Suite, Apr. 8, etc.  3. Mailing Address 72 SW 3 CT Suite, Apr. 8, etc.  3. Mailing Address 72 SW 3 CT Suite, Apr. 8, etc.  3. Mailing Address 72 SW 3 CT Suite, Apr. 8, etc.  3. Mailing Address 72 SW 3 CT Suite, Apr. 8, etc.  3. Mailing Address 72 SW 3 CT Suite, Apr. 8, etc.  3. Country 72 SW 3 State  4. FEI Number 34 2 2 9 4 8 7 0	DOCUMENT # P05000059401  1. Entity Name CONDE'S HANDY MAN CORP.							03-04-2006 9	0208 04	14 ·····150.	00
Suite, Apt. #, etc.  City & State  Cey & State  Cey & State  Country  S. Certificate of Status Desired   \$8,75 Additional Fee Required   \$8,75 Additional Fee Requi	7285 W 34 CT			7285 W 34 CT	-						
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired   \$8,75 Additional Fee Required   \$8,75 Additional Fee Requi	7258 W 34 CT			7258 W SYCT			-				
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional   \$8.75 Additional	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03242006	Chg-P	CR2E	034 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name    Street Address (P.O. Box Number is Not Acceptable)	City & State			City & State			4. FEI Numbe	34-2044	187	$\sim$	
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip Country		try	Zip Count		try	5. Certificate	of Status Desired			
CONDE, RAUL 7285 W 34 CT HIALEAH, FL 33018  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  Supravire, typed or printed name of registered agent agent and site if applicable.  Prile NOW!!! FEE'IS \$150.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE OCONDE, RAUL NAME SIREET ADDRESS CITY-SI-ZIP  ITILE ODelate  ITILE ODElate ITILE ODElate ITILE ODElate ITILE ODElate ITILE ODELATION NAME SIREET ADDRESS CITY-SI-ZIP  ITILE ODElate ITILE ODELATION NAME SIREET ADDRESS CITY-SI-ZIP  ITILE ODELATION OFFICERS AND DIRECTORS IN 11  ITILE OD	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	CONDE. RAUL					Name					
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  Signature. Typed or printed name of registered agent and site if applications agent and site if applications of registered agent signature required when remaining agent and site if applications agent and site if applications.  PILE NOW!!! FEE*IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing and Addition.  Intelement agent signature required when remaining additions.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Intelement agent agent agent agent agent and site if applications.  Intelement agent agent agent agent agent agent and site if applications agent	7285 W 34 CT					Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and able if appealable (NOTE Registered Agent signature required when rematating) DATE  FILE NOW!!! FEE:IS \$150.00						City			FI	Zip Code	9
FILE NOW!!! FEE:IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE P CONDE, RAUL STREET ADDRESS CITY-SI-ZIP HIALEAH, FL 33018  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP  IIILE NAME STREET ADDRESS CITY-SI-ZIP				purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. Fan	familiar with,	and accept
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12. Thereby 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 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 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 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 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 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 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 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify the information indicated on this report or supplied with this filling does not qualify for the exemption of the exemption of the contained in the filling does not qualify the exemption of the exempt	NAME			∟ Defete	NAN STR	EET ADDRESS				_ change	_

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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. Rail. Lande
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR