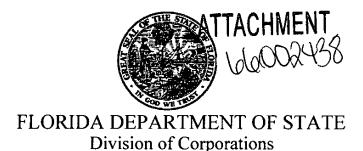
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P05000074269 01-24-2006 90018 028 ***150.00 PANZA MATERNITY, INC Mailing Address Principal Place of Business 66002438 5845 SW 73 STREET **5845 SW 73 STREET** MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152006 Cho-P CR2E034 (11/05) 4. FEI Number 20-2880366 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama ALVAREZ, FAUSTO -Street Address (P.O. Box Number is Not Acceptable) 5845 SW 73 STREET MIAMI, FL 33143 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!!. FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition NAME VALDES, ANTONIO J STREET ADDRESS 5845 SW 73 STREET STREET ADORESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP Delete TILLE ☐ Change ☐ Addition HILE VALDES, VICKY NAME 5845 SW 73 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP Delete IMLE TITLE ☐ Addition HAVE NAME STREET ADDRESS STREET ACCORES CITY-ST-ZIP CITY-ST-ZIP TITLE Defete tille ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Charge ☐ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CHTY-ST-ZEP

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter is an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 24, 2006 8:00 am



January 30, 2006

PANZA MATERNITY, INC 5845 SW 73 STREET MIAMI, FL 33143

Subject: PANZA MATERNITY, INC

Reference Number:

P05000074269

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION