2006 EOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: JORGE PERDIGON

GNATURE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR

Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # P05000079772 1. Entity Name 02-20-2006 90055 017 ***150.00 GEORGE INTERNATIONAL INC Principal Place of Business Mailing Address 12444 SW 27TH ST. 12444 SW 27TH ST. **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 13814 SW 3. Mailing Address 19814 S W Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 30 - 39 60 1:15 City & State HIAMI -Applied For MIAMI -PlONIDA Not Applicable \$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 ERDIGON ACOSTA, YASEL 12444 SW 27TH ST. **MIAMI FL 33175** 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. 2-10-06-PENDLEON (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title it ap FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ★ Addition TITLE THE Defete JORGE PERDIGON NAME ACOSTA, YASEL MAME 13444 SW 27 ST HIAMI - Flo. 33175 STREET ADDRESS STREET ADDRESS 12444 SW 27TH ST. CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33175** DHE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dalata Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Defete TITLE Addition BUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED