2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # P05000085481 1. Entity Name CORPORACION INTERNACIONAL DESPIERTA AMERICA, INC.						04-25-2006 90102 029 ***150.00			
Principal Place of Business 13069 NW 42 AVE OPA LOCKA, FL 33054 US		Mailing Address 13069 NW 42 AVE OPA LOCKA, FL 33054	:			88151 CIIII 68111 68111 681	# 80181 \$101 B//// 61851 GF		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112006	Chg-P	CR2E034 (11/0	5)
City & State		City & State			4. FEI Number 202	991511		Applied For Not Applicable	
Zip	Country	Country Zip Cou		try		_	of Status Desired	\$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent					Address of New R	legistered Agent	
SOLIZ AMURRIO, ZUNNER B 7335 FAIRWAY DR APT 603 MIAMI LAKES, FL 33014				Street Address (P.O. Box Number is Not Acceptable) 7335 FAIRWAY DR APT 603					
				City MIAMILAKES FL Zip Code 33014					
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, type of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAURE, RICARDO 7335 FAIRWAY DR APT 603 MIAMI LAKES, FL 33014	☐ Detete						☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRERA-PEREZ, DIEGO M 3010 N. COURSE DRIVE, STE. 6 POMPANO BEACH, FL 33069	☐ Delete		E Et address -St-zip	1971	NW 3	EREZ, DIEC 4 th Ave. Creek,	60 Ml	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLIZ ÁMURŘIO, ZUNNER E 7335 FAIRWAY DR APT 603 MIAMI LAKES, FL 33014	☐ Delete		1				☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1					☐ Chang	ge 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	e et address -ST-ZIP				☐ Chang	
12. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emptions co	ontained	in Chapter 119), Florida Statutes. I	I further certify that th	e information

12. I hereby certify that the information supplied with this filing does not quality 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 anofficer 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:

Bunner Soliz
GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/06 (305) 687-0888