2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P05000102272 1. Entity Name THE CORVETTE HANGOUT PLACE INC.			05-01-2006 90387 011 ***150.00
Principal Place of Business	Mailing Address		
7785 NW 52 ST MIAMI, FL 33166	7785 NW 52 ST Miami, FL 33166		
2. Principal Place of Business	1 15057 3. Mailing Address 2370 A M	IW 150 ST	
Suite, Apt. #, etc. Obslock4, F	Suite, Apt. #, etc.		04242006 Chg-P CR2E034 (11/05)
City & State	City & State OPA TOCKA	L, H	4. FEI Number Applied For Not Applicable
Zip 33054 Country	Zip 35054	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Addres	s of Current Registered Agent /	Name	7. Name and Address of New Registered Agent
CASTRO, IGNACIO			(DO B. A) ob significant described
7785 NW 52 ST MIAMI, FL 33166		Street Address	s (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named only complete his 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.			
4/28/06			
SIGNATURE Signature no school of miles to some of	of registered agent and title if applicable. (NOT	TE: Registered Agent signature requi	ired when reinstating) DATE
FILE NOWN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
·	FICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DPVS NAME CASTRO, IGNACIO	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 7785 NW 52 ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33166	Пан	CITY-ST-ZIP	☐ Change ☐ Add/ition
TITLE NAME	☐ Delete	TITLE NAME	Change Aconton
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TITLE NAME	☐ Delete	TITLE NAME	
STREET ADORESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	!
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 supplies 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 of the receiver or trustate 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 appearance. With all other like empowered.			
changed, or on an attachment with	rap address, with all other like empowered	1.	dal a ser outro
SIGNATURE:	AND TYPED OR PRINTED NAME OF SIGNING OFFICE	is CASTRO	4/28/06 305-597-9400 Pate Daysme Phone #
AMINAME C	AND I TEN OR TRINIED MARK OF BIORING OFFICER	A OR DINES (OR	grante Congression Control or