2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

DOCUMENT # P05000102718 1. Entity Name CARLUCHO ENTERTAINMENT, INC.						02-10-2006 90003 048 ***150.00				
1831 SW 83 AVE 1			Mailing Address 1831 SW 83 AVE MIAMI, FL 33155-1136			40	012053			
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			02072006	Chg-P	CR2E034	(11/05)	
City & State	3	City & St.	City & State			4. FEI Number	11912			plied For Applicable
Žip	Country	Zìp		Country			f Status Desired		8.75 Addi	itional
	6. Name and Address of Curr	ent Registered Ag	gent			7. Name and A	ddress of New I	Registered Ag	ent	
PEREZ CA	ARDONA, JOSE CARLOS			Name	PER	EZ CORDO	JOSE, AV	CAKLOS		
1831 SW 83 AVE					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33155-1136				183	1 SW 8	3 AVE			
				City	μi	anii	•	FL	Zip Code	<i>55</i>
	named entity submits this statemer ions of registered agent.				register	red agent, or both		lorida. I am fa 0 3 /0 7 /0		and accept
SIGNATURE.	Signature, typed or printed name of registered			gistered Agent signati	ne required	l when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$5	_	lection Campaign rust Fund Contribu		\$5. Add	.00 May Be ed to Fees				
10.	OFFICERS :	AND DIRECTORS		11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	DIRECTORS	S IN 11
TITLE	PSTD		Delete	TITLE	PST	-D			Change	☐ Addition
NAME	PEREZ CARDONA, JOSE CARLOS			NAME		MEZ CUEDOVA, SOSE CAKLOS				
STREET ADDRESS	■ -			STREET ADDRESS		SI SW &3 AUE				
CITY-ST-ZIP	MIAMI, FL 331551136			CITY-ST-ZIP		MI, FL 3	3155			
TITLE			☐ Defete	TITLE	VP.			1	Change	Addition
NAME				NAME CERTE LIBERTOR	JIME	ENEX, LYSA	IARIS			
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP		15W 83 F Wi FL 33				
TITLE					~ ~	21, FC 33	733		Change	- Addit
NAME			☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS				STREET ADDRESS						
CITY OF TIO				orty er an						

CITY-ST-ZIP TITLE ☐ Delete □ Change Addition TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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 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.

SI	IG۱	TAN	UF	RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01/ Date (305) 265-9727

Daytime Phone #