## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # P05000110094  1. Entity Name BARONA CORPORATION.					03-20-2006 9	90005 011 ***150	.00	
Principal Place of Business 11480 SW 56 ST MIAMI, FL 33165		Mailing Address 11480 SW 56 ST MIAMI, FL 33165			40034016 আন্তর্			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numbe	 321962		optied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent		
BARONA, CARLOS			Name	Name				
11480 SW 56 ST			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33165								
			City			FL Zip Coo	6	
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, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00  Trust Fund Contribution.   Added to								
10.	OFFICERS ANI		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	BARONA, CARLOS 11480 SW 56 ST MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BATRES, LIESIS 11480 SW 56 ST MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the receiver or fustee 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 attrachment with a didress, with all other like empowered.