## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment wit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jul 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000123968** 07-24-2006 90003 044 \*\*\*550 00 D & R SAGUA IRON WORKS INC Principal Place of Business Mailing Address 50024307 **760 NW 24 STREET** 760 NW 24 STREET MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3451486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Namo and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name PEREZ, REGINO **760 NW 24 STREET** Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33127 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, REGINO NAME NAME **760 NW 24 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 prospective by the property of the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

**FILED**