FILED
Aug 11, 2006 8:00 am
Secretary of State
07-28-2006 90031 027 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000128259

1. Entity Name
EL TREN DE LA FIESTA PARTY SUPPLIES INC

66022912

Principal Place of Business	Mailing Address
10215 SW 24 ST., APT. A 107 MIAMI, FL 33165	10215 SW 24 ST., APT. A 107 MIAMI, FL 33165

07262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
11353 West Flagler St	11353 West Flagler St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIA - FL.	City & State: MIA - FL.
Zip: 33174 Country: USA	Zip: 33174 Country: USA

4. FEI Number 65-1260704 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ DE CASTILLA, JESSICA
10215 SW 24 ST., APT. A 107
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ DE CASTILLA, JESSICA 10215 SW 24 ST., APT. A 107 MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 07.26.06 305-228 1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #