2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90215 020 ***150.00

DOCUMENT # P05000132819

1. Entity Name
CAYMAN CORP.

400814077

Principal Place of Business	Mailing Address
2030 DOUGLAS ROAD 210 CORAL GABLES, FL 33134 US	2030 DOUGLAS ROAD 210 CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
9195 SW 72ND ST	9195 SW 72ND ST
Suite, Apt. #, etc. SUITE 220	Suite, Apt. #, etc. SUITE 220
City & State MIAMI FL	City & State MIAMI FL
Zip 33173 Country USA	Zip 33173 Country USA

04252006 Chg-P CR2E034 (11/05)

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACHADO, CARLOS M
2030 DOUGLAS ROAD
210
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name DELGADO, ARMANDO
Street Address (P.O. Box Number is Not Acceptable)
9195 SW 72ND ST STE 220
City MIAMI FL Zip Code 33173

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]
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ARMANDO DELGADO 9195 SW 72ND ST STE 220 MIAMI FL 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES OLGA DELGADO 9195 SW 72ND ST STE 220 MIAMI FL 33173 ☐ 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] 4-26-06 (305)274-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #