2006 FOR PROFIT CORPORATION

Feb 13, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P05000139268** 1. Entity Name 02-13-2006 90011 007 ***150.00 FIESTA MARKETING GROUP, INC. Principal Place of Business Mailing Address 27750 COWDERY STREET, #206 27750 COWDERY STREET, #206 60014720 WESLEY CHAPEL, FL 33540 WESLEY CHAPEL, FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3678030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 4435 OLD WINTER GARDEN RD ORLANDO, FL 32811 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE \$5 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME DIAZ, MARIANO NAME 6 SUNFLOWER DRIVE STREET AUDRESS STREET ADDRESS CITY-ST-ZIP UPPER SADDLE RIVER, NJ 07458 CITY-ST-ZIP TITLE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

FILED

Daytane Phone #

Change

Addition