

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

03-24-2006 90032 009 ***158.75

DOCUMENT # P05000151479 1. Entity Name MR. ED CAPITAL CORP.					
Principal Place of Business 6175 N.W. 167 STREET #G24 MIAMI, FL 33015			Mailing Address 6175 N.W. 167 STREET #G24 MIAMI, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 17-0938 Suite, Apt. #, etc.			
City & State		City & State Hialeah FL		4. FEI Number 16-1742689	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33017		Country Miami-Dade		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KUKER, HOWARD L 508 DADELAND TOWERS NORTH 9200 SO. DADELAND BOULEVARD MIAMI, FL 33156			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 <u><i>Howard L. Kuker</i></u> 3-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing <input type="checkbox"/> \$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	ID IBARRA, EDUARDO M PO BOX 17-0938 HIALEAH, FL 33017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Eduardo IBARRA</i></u> 3-6-06 305 822 3339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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