2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000151627 ·ILED 1. Entity Name SOFIA DONADO INC 06 MAY - 1 AM 9: LI Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 8811 SW 123 CT, BLDG 1 APT 205 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONADO, SOFIA Street Address (P.O. Box Number is Not Acceptable) 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186 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 signsture required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Deleta TITLE ☐ Change ■ Addition DONADO, SOFIA NAME NAME 8811 SW 123 CT, BLDG 1 APT 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONTENEGIO, KATHERINE NAME NAME STREET ADDRESS 8811 SW 123 CT, BLDG 1 APT 205 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 000074324040 05/10/06--01005--029 **15 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **150.00 TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME MALK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ther like empowered. SIGNATURE: OR DIRECTOR Date Devtime Phone