

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000151627 1. Entity Name SOFIA DONADO INC						FILED 06 MAY -4 AM 9:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186				Mailing Address 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. Name and Address of Current Registered Agent DONADO, SOFIA 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. FEI Number 05032006 Chg-P CR2E034 (11/05)			
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			