2007 FOR PROFIT CORPORATION

Feb 23, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P06000038866** 02-23-2007 90029 004 ***150.00 1. Entity Name OQUENDO PARTNERS, INC. Principal Place of Business Mailing Address 1773 SW COMFORT ST. 1773 SW COMFORT ST. PORT ST LUCIE, FL 34987 PORT ST LUCIE, FL 34987 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Nymber Applied For 04-3849917 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 OQUENDO, LAURA Street Address (P.O. Box Number is Not Acceptable) 1773 SW COMFORT ST. PORT ST LUCIE, FL 34987 City Zip Code FL 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change Change TITLE ☐ Delete TITLE DQUENDO, LAULA OQUENDO, LAURA NAME NAME 1773 Sw Comfact ST STREET ADDRESS 1904 WHARF LANE STREET ADDRESS GREENACRES, FL 33463 PORT ST. LACIE CITY-ST-ZIP CITY-ST-ZIF UP/5/T/D Change TITLE ☐ Delete TITLE Addition NAME OQUENDO, DWAYNE DQUENDO DWAYNE 1773 SW CONFOLT ST NAME STREET ADDRESS 1904 WHARF LANE STREET ADDRESS CITY - ST - ZIP GREENACRES, FL 33463 CHY-ST-ZIP 34987 PORT ST. LUCIE, FI DILE Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TOTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZEP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

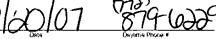
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 at

STREET ADDRESS

CHY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



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