2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# P06000087513

Entity Name: NOLASCO CORPORATION

Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

420 PALM AVENUE
HIALEAH, FL 33010

Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

New Mailing Address:

420 PALM AVENUE
HIALEAH, FL 33010

FEI Number: 20-5244313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

NOLASCO, AMADOR .
420 PALM AVENUE
HIALEAH, FL 33010 US

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.

SIGNATURE: AMADOR NOLASCO 05/24/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NOLASCO, AMADOR
Address: 901 PONCE DE LEON BLVD., SUITE 603
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: NOLASCO, ANGEL
Address: 901 PONCE DE LEON BLVD., SUITE 603
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NOLASCO, AMADOR
Address: 420 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Change ( ) Addition
Name: NOLASCO, ANGEL
Address: 420 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMADOR NOLASCO D 05/24/2007
Electronic Signature of Signing Officer or Director Date