

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90063 004 \*\*\*150.00

**60011973**



01272006 Chg-P CR2E034 (11/05)

4. FEI Number **66-0235829** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE, FL 32399

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TOUMA, NICOLAS**  
STREET ADDRESS **PO BOX 363467**  
CITY-ST-ZIP **SAN JUAN PUERTO RICO,**

TITLE **T** ☐ Delete  
NAME **VALLE, YAMIRRAH D**  
STREET ADDRESS **COLINA DE PLATA 32 CAMINO DEL MAR MONTE**  
CITY-ST-ZIP **TOA ALTA, PR 00953**

TITLE **S** ☐ Delete  
NAME **MENDIN, JORGE L**  
STREET ADDRESS **VILLAS DE SAN FRANCISCO D-17 ST.**  
CITY-ST-ZIP **RIO PIEDRAS PR,**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/27/06* *787-620-2682*