2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# P93000010188

Entity Name: THE SHAMROCK OF MIAMI CORPORATION

Current Principal Place of Business:

12615 SW 91ST STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12615 SW 91ST STREET
MIAMI, FL 33186

New Mailing Address:

4001 N PINE ISLAND RD
SUNRISE, FL 33351

FEI Number: 65-0501200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUMAN, ROSA MARIA
12615 SW 91ST STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CHUMAN, ROSA MARIA
4001 N PINE ISLAND RD
SUNRISE, FL 33351 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: 08/23/2006
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: CHUMAN, ROSA MARIA
Address: 12615 SW 91ST STREET
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete
Name: CHUMAN, CARLOS
Address: 12615 SW 91ST STREET
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHUMAN, ROSA MARIA
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Change ( ) Addition
Name: CHUMAN, CARLOS
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: DS ( ) Change (X) Addition
Name: CHUMAN, CARLOS J
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Change (X) Addition
Name: RUIZ, CARLOS A
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSA M CHUMAN P 08/23/2006
Electronic Signature of Signing Officer or Director — Date