## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with

SIGNATURE

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P93000011365 1. Entity Name 04-24-2006 90461 020 \*\*\*150.00 1075 HOLDINGS, INC. Principal Place of Business Mailing Address 7721 S.W. 118TH PLACE MIAMI FL 33183 7721 S.W. 118TH PLACE MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address 7721 5.W. 118<sup>TH</sup> 7721 S.W.(1814PL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State , 4. FEI Number NO-T APPLICABLE momi MOMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired i**J** .S.A . 33(83 33183 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORTA, EMILE Street Address (P.O. Box Number is Not Acceptable) 7721 SW 118 PL MIAMI FL 33183 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 age (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Defete Addition TITLE ☐ Chance DORTA, EMILE NAME NAME STREET ADDRESS 7721 SW 118 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 V/S VΡ ☐ Delete Change ☐ Addition TITLE TITLE MONDRAGON, KATIUSKA NAME MONDRAGON, KATIUSKA NAME STREET ADDRESS STREET ADDRESS 13420 S.W. 78TH STREET 13420 SW 78TH STREET CITY-ST-ZIP CITY - ST- ZIP MIAMI FL 33183 MIDM'I, FL 33183 Change Addition TITLE VΡ ☐ Delete TITLE NAME NAME DORTA, TERESITA STREET ADDRESS STREET ADDRESS 7721 S.W. 118TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empswered 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 addless with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**