


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000012792 1. Entity Name KINGSTON SQUARE CORPORATION	
--	---

Principal Place of Business 3510 CORAL WAY SUITE 210 MIAMI, FL 33145 US	Mailing Address 3510 CORAL WAY SUITE 210 MIAMI, FL 33145 US
---	---



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0391020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RESTREPO, DARIO
3510 CORAL WAY SUITE 210
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHZVARRIA, ANDRESS P.O. BOX 02-5468 MIAMI, FL 331025-488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, DARIO 3510 CORAL WAY STE 200 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Dario Restrepo** **March 17, 2006** **(305) 445-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #