

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAY -1 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0438408	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EASTERN NATIONAL BANK
799 BRICKELL PLAZA
MIAMI, FL 33131

**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 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DE TOBON, CLEMENCIA I 799 BRICKELL PLAZA MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLE, ISIS 799 BRICKELL PLAZA MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PARETS, ROLANDO 799 BRICKELL PLAZA MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 5/8/04

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**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/7/06 Daytime Phone # _____