


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 018 ***150.00

DOCUMENT # P93000068578	
1. Entity Name EYERS THREE, INC.	

Principal Place of Business 67 NE 17 TERRACE MIAMI, FL 33132 US	Mailing Address 67 NE 17 TERRACE MIAMI, FL 33132 US
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2. Principal Place of Business 7900 N.W. 27th AVE.	3. Mailing Address 7401 N.W. 32 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. REAR

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33147	Zip 33147
Country U.S.A.	Country U.S.A.

6. Name and Address of Current Registered Agent SERBER, DANIEL J TURN BERRY PLAZA STE 801 2875 N.E. 191ST ST. AVENTURA, FL 33180	
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02062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0448707	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCHEN, CARLOS 67 NE 17 TERRACE MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7401 N.W. 32 AVE, REAR MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOCHEN, FANNIE 67 NE 17 TERRACE MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7401 N.W. 32 AVE, REAR MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CARLOS KOCHEN 3/21/06 (305) 693-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #