2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPES

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000084153 Feb 27, 2006 08:00 AM 1. Entity Name Secretary of State CARADEL VENTURES INC. Principal Place of Business Mailing Address 11865 S.W. 26TH ST. SUITE B-14 11865 S.W. 26TH ST. SUITE B-14 MIAMI FL 33175 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0463639 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUESADA, G F Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 City Zip Code 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 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition U00000448588 NAME PERNAS, CARLOS NAME 03/09/06-80015-023 150.00 STREET ADDRESS 11865 S.W. 26ST, STE B-14 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE ☐ Change ☐ Addition PERNAS, DELFIN NAME NAME STREET ADDRESS 11865 S.W. 26ST, STE B-14 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HALE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 accurage 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 trusted 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.