2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P94000064297 OSVÁLDO R. OROZCO, P.A. Principal Place of Business Mailing Address 122 MINORCA AVENUE 122 MINORCA AVENUE CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 04172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0516581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE OROZCO, OSVALDO R 122 MINORCA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE S. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees tū. OFFICERS AND DIRECTORS פת TITLE OROZCO, OSVALDO R NAME STREET ADDRESS 122 MINORCA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE 1000000507646 NAME 04/27/06-80012-027 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C1TY-57-27P TOTLE

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 divector 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 emprish empowered.

R. OLOZOZO

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED