
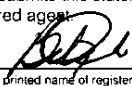
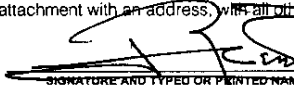


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90082 013 \*\*\*150.00

<b>DOCUMENT # P94000091653</b> 1. Entity Name <b>NACASCOLO STUD, INC.</b>			
Principal Place of Business <b>200 SOUTH BISCAYNE BLVD.</b> <b>STE. 1100</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>200 SOUTH BISCAYNE BLVD.</b> <b>STE. 1100</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business <b>806 Douglas Road</b> Suite, Apt. #, etc. <b>Suite 580</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>US</b>		3. Mailing Address <b>806 Douglas Road</b> Suite, Apt. #, etc. <b>Suite 580</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>US</b>	
4. FEI Number <b>65-0544088</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATE INTERNATIONAL REGISTERED AGENTS</b> <b>200 SOUTH BISCAYNE BLVD.</b> <b>STE. 4100</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Registered Agent Corporate Services Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 Douglas Road</b> <b>Suite 580</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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 <u></u> DATE <u>1/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALDERON, RAFAEL A 20486 W DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 <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	DVPS QUIROS, JAVIER K 20486 W DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 <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	DVPT CALDERON, GLORIA 20486 W DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 <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
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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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/8/2006</u> Daytime Phone # <u>305 692 1699</u>	