## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # P95000014691 03-15-2006 90086 026 \*\*\*150.00 ALBATROSS INTERNATIONAL CORP. Mailing Address Principal Place of Business 2333 BRICKEL AVE, PH-106 2333 BRICKEL AVE, PH-106 4000ros. MIAMI, FL 33129 MIAMI, FL 33129 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number City & State City & State 65-0558017 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AROÇENA, FEDERICO J Street Address (P.O. Box Number is Not Acceptable) 2333 BRICKELL AVE, #1803 MIAMI, FL 33129 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition AROCENA, FEDERICO A NAME STREET ADDRESS 2333 BRICKELL AVE, PH-106 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331291234 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE AROCENA, FEDERICO J NAME NAME 2333 BRICKELL AVE, #1803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33129 ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

Daytime Phone #