

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051532

Entity Name: COSAS BUENAS BARATAS, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

6338 PRESIDENTIAL COURT  
SUITE #105  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

## Current Mailing Address:

6338 PRESIDENTIAL COURT  
SUITE #105  
FORT MYERS, FL 33919 US

## New Mailing Address:

FEI Number: 65-0600262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SULLIVAN, DAVID  
6338 PRESIDENTIAL COURT  
#105  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete  
Name: CLEMENTS, AUDREY A  
Address: 7195-4 LYLE TERRACE  
City-St-Zip: FORT MYERS, FL 33907

Title: PT/D ( ) Delete  
Name: MANN, DEIRDRE S  
Address: 6338 PRESIDENTIAL COURT #105  
City-St-Zip: FORT MYERS, FL 33919

Title: VP/D ( ) Delete  
Name: FIERRO, TERESA  
Address: 11488 NETTIE ROSE  
City-St-Zip: EL PASO, TX 79936

Title: VP/D ( ) Delete  
Name: HALL, VIVIAN M  
Address: 918 SIROCCO DR., #4  
City-St-Zip: AUSTIN, TX 78745

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/D (X) Change ( ) Addition  
Name: HALL, VIVIAN M  
Address: 6507 SKYCREST DRIVE  
City-St-Zip: AUSTIN, TX 78745

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY A. CLEMENTS

S/D

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date