2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 08, 2006 08:00 AN DOCUMENT # P95000057432 **Secretary of State** GLADYS AGUERO, P.A. Principal Place of Business Mailing Address 815 PONCE DE LEON BLVD 815 PONCE DE LEON BLVD 2ND FLOOR CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0597469 Not Applicable Zip Country $Z_{1D}$ 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 Name AGUERO, GLADYS Street Address (P.O. Box Number is Not Acceptable) 815 PONCE DE LEON BLVD 2ND FLOOR 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 access the obligations of registered agent SIGNATURE. Signature Typed or ponted name of registered agent and title if applicable (NOTE Rulfishered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PSTD ☐ Delete TITLE ☐ Change AGUERO, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 815 PONCE DE LEON BLVD 2ND FLOOR CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE ☐ Delete ☐ Change ☐ Addin'r U00000425129 NAME NAME 02/18/06-80081-013 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY - ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ AUCT STREET ADDRESS STREET ADDRESS CITY - ST - 7)F CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Add." NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change [ ] Arii STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Adam Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 accurate and that my stignature shall have the same legal effect as if made under oath; that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like expowered.

SIGNATURE:

FILED