2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P95000091795** May 01, 2006 08:00 AN Secretary of State SAENZ PERFORMANCE, INC. Principal Place of Business Mailing Address 1528 SEVILLA AVE. 1528 SEVILLA AVE. CORAL GABLES, FL 33134-6262 CORAL GABLES, FL 33134-6262 03272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0630116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, JOSE M DO NOT WRITE 1528 SEVILLA AVE. CORAL GABLES, FL 33134-6262 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. Signature, typed or printed name of registered agent and this if applicable. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD GARCIA, JOSE M NAME 5108 PONATELLO ST STREET ADDRESS CITY-ST-7iP CORAL GABLES, FL 33146 TITLE NAME U00000552550 STREET ADDRESS 05/15/06-80016-017 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

305-661-7187