
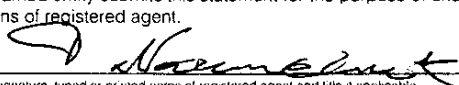


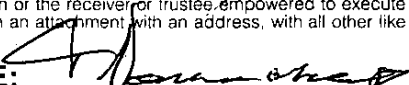
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90038 032 ***150.00

DOCUMENT # P96000015858 1. Entity Name P.P.M.A.O. CORPORATION																							
Principal Place of Business 2600 DOUGLAS ROAD 607 CORAL GABLES FL 33134				Mailing Address OK (SAME) P.O. BOX 141397 CORAL GABLES FL 33114-1397 US																			
2. Principal Place of Business 223 Phoenetia Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 141397 Suite, Apt. #, etc.																					
City & State Coral Gables, FL		City & State Coral Gables, FL																					
Zip 33134	Country USA	Zip 33114-1397	Country USA	4. FEI Number 65-0721511 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NAUMCHUK, PROKIP 2600 DOUGLAS ROAD SUITE 607 CORAL GABLES FL 33134																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7911 Carlyle Ave. Apt. 8 City Miami Beach FL Zip Code 33141				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  Prokip Naumchuk March 13, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE D</td> <td style="width:40%;">NAME NAUMCHUK, PROKIP</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2600 DOUGLAS ROAD, SUITE 607</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> </table>			TITLE D	NAME NAUMCHUK, PROKIP	<input type="checkbox"/> Delete	STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 607		CITY - ST - ZIP	CORAL GABLES FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7911 Carlyle Ave. Apt. 8</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Miami Beach, FL 33141</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	7911 Carlyle Ave. Apt. 8		CITY - ST - ZIP	Miami Beach, FL 33141	
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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 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:  **Prokip Naumchuk, Pres.** **March 13, 2006** **(305)443-6072**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #