2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000070709 04-22-2005 90268 015 ***150.00 1. Entity Name PRAGA, INC Principal Place of Business Mailing Address 20041177 17324 SW 138 CT 17324 SW 138 CT **MIAMI, FL 33177** MIAMI, FL 33177 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 02172005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0689722 Not Applicable Zìo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLASENOR, PRISCILLA . Street Address (P.O. Box Number is Not Acceptable) 17324 SW 138 CT MIAMI, FL 33177 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 accept the obligations of registered agent (SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be:\$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD. ☐ Change ☐ Addition MIE ☐ Delete IME MESA, JUAN NAME NALEF STREET ADORESS 17324 SW 138CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP IIILE ☐ Detete TITLE ☐ Change ■ Addition VILLASENOR, PRISCILLA NAME NAME STREET ADDRESS 17324 SW 138 CT STREET ADDRESS CUY-ST-7P MIAMI, FL 33177 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MIF MAR NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP MILE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition MIE ☐ Chance TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CTIY-ST-70P CITY-ST-77P MLE. ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), 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 thistee 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 within an address, with all other like empowered. SIGNATURE: _ INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

Date

FILED

Apr 22, 2005 8:00 am Secretary of State