

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080395

Entity Name: TARGET ONE, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

235 ALTARA AVENUE  
CORAL GABLES, FL 33146

## New Principal Place of Business:

444 BRICKELL AVENUE  
720  
MIAMI, FL 33131 US

## Current Mailing Address:

235 ALTARA AVENUE  
CORAL GABLES, FL 33146

## New Mailing Address:

444 BRICKELL AVENUE  
720  
MIAMI, FL 33131 US

FEI Number: 65-0697600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F JR  
95 MERRYCK WAY, STE 440  
CORAL GABLES, FL 33134 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: PSD ( ) Delete  
Name: TARRAU, GABRIEL  
Address: 235 ALTARA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: TARRAU, GABRIEL  
Address: GABRIEL TARRAU  
City-St-Zip: 444 BRICKELL AV., # 720, FL 33131 US

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: GABRIEL TARRAU

PSD

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date