

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000087556**

**1. Entity Name**  
**MARGARITA INTERNATIONAL R.C.A. CO.**



**Principal Place of Business**  
**185 SW 166TH AVE**  
**PEMBROKE PINES, FL 33027 US**

**Mailing Address**  
**185 SW 166TH AVE**  
**PEMBROKE PINES, FL 33027 US**



07242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0737711**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MACHADO DE VEGA, FELICIA M**  
**185 SW 166TH AVE**  
**PEMBROKE PINES, FL 33027**

**DO NOT WRITE  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**VEGA, ALDO D**  
**185 SW 166TH AVE**  
**PEMBROKE PINES, FL 33027**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**MACHADO DE VEGA, FELICIA M**  
**185 SW 166TH AVE**  
**PEMBROKE PINES, FL 33027**

**TITLE**  
**NAME**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000572559  
07/28/06-80002-022 550.00

**DO NOT WRITE  
IN THIS SPACE**

**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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**ALDO D. VEGA**

**July 22/2006**

**74-410-8342**