2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000007077

1. Entity Name



FILED

Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90079 007 ***150.00 IRAGOR INTERNATIONAL CORP. Principal Place of Business Mailing Address MONTOS 3900 NW 79 AVENUE 3900 NW 79 AVENUE **STE 466 STE 466** MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01042006 Chg-P 4. FEI Number Applied For City & State City & State 65-0748149 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZALEGUI, CESAR R Street Address (P.O. Box Number is Not Acceptable) 7837 N.W. 72ND AVE. SUITE#101 MIAMI, FL 33166 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition TITLE Detete TITLE IRANETA, DIEGO E NAME NAME 7837 N.W. 72ND AVE. STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GORRONDONA IRANETA, SILVIA M NAME NAME 7837 N.W. 72ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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, willy all other like empowered.

SIGNATURE: