2006 FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 10, 2006 08:00 AM Secretary of State DOCUMENT # P97000034213 1. Entity Name EDUARDO RIUSECH, P.A. Principal Place of Business Mailing Address 10030 SW 40TH ST., STE B 10030 SW 40TH ST., STE B MIAMI, FL 33165 US MIAMI, FL 33165 US 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0753352 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent RIUSECH, EDUARDO ESQ. DO NOT WRITE 10030 SW 40TH STREET SUITE B IN THIS SPACE MIAMI, FL 33165 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIUSECH, EDUARDO ESQ. NAME STREET ADDRESS 10030 SW 40TH ST STE B U00000381494 CITY-ST-ZIP MIAMI, FL 33165 01/11/06-80056-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby 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 of 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 of does empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter (or or an attachings with an address, with all either like emphysical).

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

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

CITY-ST-ZIP

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