2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046201

City-St-Zip:

City-St-Zip:

Title:

Name: Address: HOLLYWOOD, FL 33020

CLARKE, KAREN H

(X) Delete

1909 HARRISON ST STE 209

HOLLYWOOD, FL 33020

Entity Name: CONFIDA CORPORATION

FILED Feb 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1909 HARRISON ST. 8201 PETERS ROAD **SUITE 1000** STE 209 HOLLYWOOD, FL 33020 US PLANTATION, FL 33324 US **Current Mailing Address: New Mailing Address:** 8201 PETERS ROAD 1909 HARRISON ST. SUITE 1000 STE 209 HOLLYWOOD, FL 33020 US PLANTATION, FL 33324 US FEI Number: 65-0760088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET SUITE 200 MIAMI BEACH, FL 33139 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HILTON-CLARKE, SCOTT Name: Name: HILTON-CLARKE, SCOTT 1909 HARRISON ST STE 209 8201 PETERS ROAD, SUITE 1000 Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: VD (X) Change () Addition KHOSROWSHAHI, MEHRAD Name: Name: KHOSROWSHAHI, MEHRAD 1909 HARRISON ST STE 209 8201 PETERS ROAD, SUITE 1000 Address: Address: HOLLYWOOD, FL 33020 PLANTATION, FL 33324 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition VD () Delete VD ERTAN, KELAMI ERTAN, KELAMI Name: Name: 1909 HARRISON ST STE 209 8201 PETERS ROAD, SUITE 1000 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PLANTATION, FL 33324

() Change () Addition

SIGNATURE: MEHRAD KHOSROWSHAHI VD 02/22/2006