2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______

morren

Feb 15,2006

(305) 253-7293

Feb 20, 2006 08:00 AM DOCUMENT # P99000011673 **Secretary of State** Entity Name MARRERO INVESTMENTS OF MIAMI, INC. Principal Place of Business Mailing Address 10505 S.W. 186TH STREET 10505 S.W. 186TH STREET **MIAMI FL 33157** MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FE) Number Applied Far City & State 65-0908574 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRERO, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 10505 S.W. 186TH STREET **MIAMI FL 33157** 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 Signature, typed or printed name of registered agent and fifte it applicable (NOTE Registered Agent signature required when revisitating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 1 OFFICERS AND DIRECTORS 11. ☐ Change Access TITLE Delete 7173 F MAME MARRERO, MANUEL A MAME U00000440426 10505 S.W. 186TH STREET STREET ADDRESS STREET ADORESS 03/02/06-80041-001 150**.00** CHY-SI-ZIP MIAMI FL 33157 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change 3137 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-78P ☐ Delete ☐ Change Air. TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP A. A. TITLE ☐ Oelete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ΉTLE ☐ Add™ TITLE ☐ Delete Change NUMBE NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addit ☐ Change ☐ Delete TITLE 3175 5 NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-2IP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 direction 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 1

FILED