

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000022097**

1. Entity Name  
**EAGLE FOREST INTERNATIONAL, INC.**



Principal Place of Business

**717 PONCE DE LEON BLVD. STE. 234  
CORAL GABLES, FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD. STE. 234  
CORAL GABLES, FL 33134**



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0905943**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FABRE, FRANK R  
717 PONCE DE LEON BLVD. STE. 234  
CORAL GABLES, FL 33134**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FENJO, MANUEL
STREET ADDRESS	7190 CORAL WAY
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	S
NAME	CONFINO, PEDRO
STREET ADDRESS	7190 CORAL WAY
CITY-STATE-ZIP	MIAMI, FL 33155
TITLE	S
NAME	FABRE, FRANK R
STREET ADDRESS	717 PONCE DE LEON BLVD. STE. 234
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/07/06 00001-003 150.00

**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: *Pedro Confino* *Pedro Confino Jr* 2/21/2006 305-298-2747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #