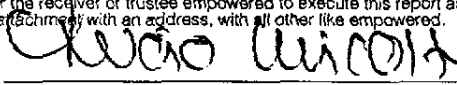


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000023131</b><br>1. Entity Name<br><b>MICOLTA CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |         |                                                                |                                                                                                                                                      |  |
| Principal Place of Business<br><b>483 TALAVERA RD<br/>WESTON, FL 33326</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |         | Mailing Address<br><b>483 TALAVERA RD<br/>WESTON, FL 33326</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |         | 3. Mailing Address<br>Suite, Apt. #, etc.                      |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |         | City & State                                                   |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | Country |                                                                | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               | Country |                                                                | 4. FEI Number<br><b>65-0937914</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |         |                                                                | Applied For<br>Not Applicable                                                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RODRIGUEZ, ANDRES<br/>141 NE 3RD AVE #604<br/>MIAMI, FL 33132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |         |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00</b> May Be<br/>         Added to Fees       </div> </div>                                                                                                                                                                                                                                                                                 |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DPST<br>MICOLTA, LUCIO<br>483 TALAVERA RD<br>WESTON, FL 33326 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <div style="text-align: center;"> <b>000000455627</b><br/> <b>03/15/06-80066-011 150.00</b> </div>                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| 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. |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |
| <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |         |                                                                |                                                                                                                                                                                                                                       |  |