2006 FOR PROFIT CORPORATION

FILED May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000029506 1. Entity Name K.S.C. CORPORATION OF MIAME Principal Place of Business Mailing Address 7686 NW 179 TERR 7686 NW 179 TERR MIAMI, FL 33015 MIAMI, FL 33015 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE A. FEI Number Applied For 65-0907112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARCAMO, OSMAN G DO NOT WRITE 7686 NW 179 TERR MIAMI, FL 33015 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice 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) \$5.00 May Be 9. Election Campaign Financing 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. IIILE NAME CARCAMO, OSMAN G U00000555560 STREET ADDRESS 7686 NW 179 TERR 05/16/06-80037-023 150.nn CITY-ST-ZIP MIAMI, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-7P TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CKTY-ST-ISP

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.

C.	G١	ЛΛ	T	D	₽.	
JI	VI.				┖.	

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

4-25-06 305-8016205