2006 FOR PROFIT CORPORATION

FILED Apr 25, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P99000055542 1. Entity Name MARGARET'S PLACE CORP. Principal Place of Business Mailing Address 2591 S.W. 124TH AVENUE 2591 S.W. 124TH AVENUE MIAMI, FL 33175 MIAMI, FL 33175 CR2E034 (11/05) 03212006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0931712 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, MARIA M DO NOT WRITE 2591 S.W. 124TH AVENUE MIAMI, FL 33175 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, typed or printed name of registered agent and title if applicable. [NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/06/06-80078-024 05/06/06-80078-024 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE NAME RODRIGUEZ, MARIA M 2591 S.W. 124TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-DP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is five 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 trasfee explowered 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:

TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE