2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 09, 2005 8:00 am Secretary of State 09-09-2005 90029 002 ***150.00 DOCUMENT # P99000061627 1. Entity Name ESTEVEZ PADRON CORP. **44660000** Principal Place of Business Mailing Address 760 NE FIRST PLACE 760 NE FIRST PLACE HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0934350 Not Applicable Zip Country Zip 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 ESTEVEZ, ARMANDO 760 NE FIRST PLACE Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33010 City Zip Code 8. The above named antity 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TM F ☐ Change Addition ESTEVEZ, ARMANDO NAME NAME STREET ADDRESS 760 NE FIRST PLACE STREET ADDRESS CITY-ST-ZIE HIALEAH, FL 33010 CITY-ST-ZIP TITLE C Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST. ZIP. .. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 director of the corporation or the receiler 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 6

ATTACHMENT

A DEBARBATENTE OF CHARTE

2065949

Letter Number: 005A00051799

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2005

ESTEVEZ PADRON CORP. 760 NE 1 PLACE HIALEAH, FL 33010

SUBJECT: ESTEVEZ PADRON CORP. Ref. Number: P99000061627

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ATTACHMENT

Estevez Padron Corp

760 NE 1 PL 'Hialeah, Fl 33010

P99000061627

August 3, 2005

Florida Department of state Division of Corporations P.O.Box 6327 Tallahassee, Fl 32314

I, Armando Estevez,

Here by declare that I did not receive a notice of payment, of the annual corporation fee, before you mailed this notice of intent to dissolve. Attached to this-letter I'm sending the notice to intent to of dissolve. That you mailed to me recently.

Sincerely

Armando Estevez

President.

ID. Florid Driver License

Notary

DEBRA DAVIS
MY COMMISSION # DD 080099
EXPIRES: March 16, 2006
Bonded Thru Notary Public Underwriters

Florida

Miami - Dade