

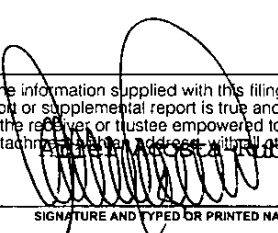


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000065035</b> 1. Entity Name <b>CHURROMANIA INTERNATIONAL CORP.</b>						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">06 MAY -8 PM 2:04</div> <div style="font-size: 0.7em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business <b>444 BRICKELL AVENUE SUITE 720 MIAMI, FL 33131</b>				Mailing Address <b>2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>				  03092006    Chg-P    CR2E034 (11/05)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0955487</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
City & State		City & State		Zip		Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>POLANSKY, MITCHELL S 2665 S. BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ACOSTA-RUBIO, ARIEL</b> <b>2665 S. BAYSHORE DR. #703</b> <b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">800075890808</div> <div style="font-size: 0.8em;">06/06/06--01047--003 **1800.00</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS</b> <b>BRAVO, MARIA A</b> <b>2665 S BAYSHORE DRIVE STE 703</b> <b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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 to this report as required by Chapter 607, Florida Statutes.									
<b>SIGNATURE:</b> 				3/10/06		(305) 858-9900			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			