2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2006 8:00 am Secretary of State **DOCUMENT # P99000073015** 1. Entity Name 05-04-2006 90247 049 ***150.00 E & É FLORES, INC. Mailing Address Principal Place of Business 50018509 1075 SE 17TH STREET 1075 SE 17TH STREET FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 65-0942848 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORES, EDUARDO I Street Address (P.O. Box Number is Not Acceptable) **1075 SE 17TH STREET** FORT LAUDERDALE, FL 33316 City 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. Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TILE ☐ Change ☐ Addition ☐ Delete NAME FLORES, EDUARDO I NAMÉ STREET ADDRESS 1075 SE 17TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33316 Delete TITRE Change ☐ Addition गागाः NAME FLORES, EVA M NAME STREET ADDRESS STREET ADDRESS 1075 SE 17TH ST. CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS

12. I hereby certily 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.

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