2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # S00137 1. Entity Name HOSA INTERNATIONAL INC. Principal Place of Business Mailing Address 1617 NW 84 AVENUE **1617 NW 84 AVENUE** MIAMI, FL 33126 MIAMI, FL 33126 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0217959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINONES, PABLO DO NOT WRITE 1617 NORTHWEST 84TH AVENUE MIAMI, FL 33126 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 notto primers SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. IITLE QUINONES, PABLO NAME 1617 NW 84TH AVE STREET ADDRESS U00000514119 04/29/06-80158-024 158.75 COY-ST-ZIP MIAMI, FL 33126 titL€ NAME CEPERO, LAURA STREET ADDRESS 1617 NW 84TH AVE MIAMI, FL 33126 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE City - ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY - ST - ZIP

> Mobile Designa PABAD QUINDNES

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305-470-9991