

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90480 027 ***150.00

DOCUMENT # S45170 1. Entity Name VIA DEL RIO NO. 1, CORP.					
Principal Place of Business 1673 N. W. 27TH AVENUE MIAMI, FL 33125			Mailing Address 1673 N. W. 27TH AVENUE MIAMI, FL 33125		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0244528	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FENARDEZ, MARIA D 5023 SW 151 PL MIAMI, FL 33193				7. Name and Address of New Registered Agent Name: <u>Fernandez, Maria</u> Street Address (P.O. Box Number is Not Acceptable): <u>1673 NW 27 Ave</u> City: <u>Miami</u> FL Zip Code: <u>33125</u>	
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: <u>Maria D Fernandez</u> DATE: <u>4-27-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, MARIA D 5023 SW 151 PL MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Fernandez, Maria 1673 NW 27 Ave Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 with an address, with all other like empowered.					
SIGNATURE: <u>Maria D Fernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-27-06</u> <small>Daytime Phone #</small>	

50017774



04192006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENARDEZ, MARIA D
5023 SW 151 PL
MIAMI, FL 33193

Name: Fernandez, Maria
Street Address (P.O. Box Number is Not Acceptable): 1673 NW 27 Ave
City: Miami FL Zip Code: 33125

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5023 SW 151 PL
MIAMI, FL 33193

☒ Delete

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PSD
Fernandez, Maria
1673 NW 27 Ave
Miami, FL 33125

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SIGNATURE: Maria D Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-27-06
Daytime Phone #