2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # V00722** 1. Entity Name 04-10-2006 90296 017 ***150.00 CO-RO, INC. Principal Place of Business Mailing Address 840 US HIGHWAY ONE #210 840 US HIGHWAY ONE #210 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0316022 Not Applicable Country 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 LIOCE, DOMENICK R. 1645 PALM BEACH LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1200** WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Detete MILE (St Change ☐ Addition NAME ROJO NICHOLAS NAME 25 BERMUDA LAKE DRIVE STREET ADDRESS STREET ADDRESS 5380 N Ocean Dr. Apt. 18H CITY-ST-7IP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP Singer Island, FL. 33404 D TITLE ☐ Delete TITLE Change ☐ Addition NAME COHEN, BRADLEY NAME STREET ADDRESS 16361 VIA FONTANA STREET ADDRESS CITY-ST-7P DELRAY BEACH, FL 33484 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-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachmen

SIGNATURE

FILED