2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # V01676 04-24-2006 90451 016 ***150.00 1. Enlity Name CANARIA DEVELOPMENT, INC. Principal Place of Business Mailing Address 50015211 782 NW 42 AVE % SOUTHERN MANSIONS REALTY, INC. 782 NW 42 AVE., STE. 441 441 MIAMI, FL 33126 US MIAMI, FL 33126 2. The grant Date of Business 3 Maling Acquess Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0305761 Not Applicable Zip 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 LUIS, AGUSTIN O SR. 2115 COUNTRY CLUB PRADO Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33126 City Zip Code FI 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, (yoed or chinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) DATE 9. Election Campaign Huginoring **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2006 Fee will be-\$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD IITLE ☐ Delete Change Addition LUIS, AGUSTIN O., SR. NAME MAME STREET ADDRESS 2115 COUNTRY CLUB PRADO STREET ADDRESS CORAL GABLES, FL CHY-ST-ZP CITY ST ZIP Delete TITLE Inte Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP TITLE ☐ Delete THUE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS City-St-7IP CITY ST ZIP ☐ Delete # Parage; and HILE THE ☐ Change STREET ADDRESS STREET ADDRESS CHEV ST. 71P CITY-ST-ZIP TITLE Deiete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP 12. Thereby certily 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 Irustee 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.