

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 08:00 A Secretary of State

DOCUMENT # P04000049191

1. Entity Name
CD OULET, INC.

Principal Place of Business: 2384 W 80TH ST #8 HIALEAH, FL 33016 US
Mailing Address: 2384 W 80TH ST #8 HIALEAH, FL 33016 US

2. Principal Place of Business: Same as above
3. Mailing Address: Same as above

4. FFI Number: 20-1161752

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

6. Name and Address of Current Registered Agent: MULE, RITA N, 2384 W 80TH ST #8, HIALEAH, FL 33016

7. Name and Address of New Registered Agent: [Blank]

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: [Blank]

9. Election Campaign Financing: \$5.00 May Be Added to Fees. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES	NAME: MULE, RITA N MS. STREET ADDRESS: 2384 W 80TH ST, STE 8 CITY-STATE-ZIP: HIALEAH, FL 33016	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
TITLE: VP	NAME: NAVA, MARIA A MS. STREET ADDRESS: 2384 W 80TH ST, STE 8 CITY-STATE-ZIP: HIALEAH, FL 33016	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]	TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

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 in executing 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 information.

SIGNATURE: RITA MULE, Rita Mule 4/30/06