## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2006 8:00 am Secretary of State

DOCUMENT # P0500002411  1. Entity Name C & F SERVICE OF MIAMI CORP					02-15-2006 90028 026 ***150.00				
Principal Place of Business 18702 NW 77TH PL HIALEAH, FL 33015		Mailing Address 18702 NW 77TH PL HIALEAH, FL 33015			600	15601			
2. Principal Place of Business  18702 N.W. 77p/  Suite, Apt. #, etc.		3. Mailing Address  /8702 10 77p/  Suite, Apt. #, etc.		_					
City & State		City & State		01242006 4. FEI Numb	Chg-P	CR2E034	·	plied For	
Hialeah Fla. Zip Country		Zip Country			211039		No.	t Applicable	
330/5 F/. 6. Name and Address of Current Re		330/5	Certificate of Status Desired     Name and Address of New Re			Fee Required			
				Name					
DEMARCO, DOMINGO O 9430 NW 5 STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES, FL 33024									
and the second s			City	City FL 35015					
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 64									
Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees					
10.			11.	ADDITIONS	/CHANGES TO OFF		RECTORS Change	IN 11	
NAME	DEMARCO, DOMINGO O	□ Delete	NAME			۱.,	T curailite	Addition	
STREET ADDRESS CITY-ST-ZIP	9430 NW 5 STREET PEMBROKE PINES, FL 33024		STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	V RIDAO, CĤŔISTIAN	☐ Delete	TITLE NAME	•		Ċ	] Change	☐ Addition	
STREET ADDRESS	18702 NW 77TH PL SIR		STREET ADDRESS						
CITY-ST-ZIP	HIALEAH, FL 33015	Delete	TITLE			Г	Change	☐ Addition	
NAME STREET ADDRESS	DEMARCO, ELIZABETH 9430 NW 5 STREET		NAME STREET ADDRESS			_			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP						
TITLE NAME	T CASTRO, OXUM	☐ Defete	TITLE NAME				] Change	Addition	
STREET ADDRESS CITY-ST-ZIP	18702 NW 77TH PL		STREET ADDRESS						
TITLE	HIALEAH, FL 33015	□ Delete	CITY-ST-ZIP TITLE		· · · -		] Change	Addition	
NAME Street Address			NAME STREET ADDRESS				-		
CITY-ST-ZIP			CITY-ST-ZIP				·····		
TITLE Name		☐ Delete	TITLE NAME			[	] Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CUPY-ST-ZIP						
12. I bereby o	certify that the information supplied with	this filing does not qualify for the	e exemptions contain	ined in Chapter 11	9. Florida Statutes. I	further certify	that the in	formation	
indicated on this report or supplemental report is true and accurate and the roy 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 to 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:									