

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000101410

Entity Name: ADOLFO CUELLAR CHB, INC.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8290 LAKE DR #236  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 524304  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 20-3182486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, IRA ESQ  
7225 NW 25TH ST  
211  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

COHEN, IRA ESQ  
8290 LAKE DR  
236  
DORAL, FL 33166 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/12/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CUELLAR, ADOLFO A  
Address: 7225 NW 25TH ST STE 211  
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADOLFO CUELLAR

PRES

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date