2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P01000010871

Entity Name: AIZCORBE-CUETO INTERIORS, INC.

Current Principal Place of Business:

6701 SW 116 COURT
#109
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

424 CASTONIA AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

424 CASTANIA AVENUE
CORAL GABLES, FL 33146 US

FEI Number: 65-1076375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIZCORBE-CUETO, LOURDES T
424 CASTONIA AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

AIZCORBE-CUETO, LOURDES T
424 CASTANIA AVENUE
CORAL GABLES, FL 33146 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: LOURDES T AIZCORBE-CUETO 04/30/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AIZCORBE-CUETO, LOURDES
Address: 424 CASTONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: AIZCORBE-CUETO, LOURDES T
Address: 424 CASTONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AIZCORBE-CUETO, LOURDES
Address: 424 CASTANIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change ( ) Addition
Name: AIZCORBE-CUETO, LOURDES T
Address: 424 CASTANIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOURDES T. AIZCORBE-CUETO P 04/30/2006
Electronic Signature of Signing Officer or Director Date