## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #478372** FILED CANTELOP PROPERTY INVESTMENT, INC. 06 MAY -1 PM 2: 10 SEGRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 2300 CORAL WAY 2300 CORAL WAY SUITE 200 SUITE 200 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 65-0265658 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA ANNUAL REPORT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 400075101224 \$5.00 May Beg 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 23/06--01049--005 \*\*1**58.**75 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE XXO<sub>elete</sub> TITLE ☐ Change NAME LOPEZ-AGUIAR, CARLOS C NAME 2300 CORAL WAY SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 Change ☐ Addition ☐ Delete Treasurer CANTERA LOPEZ, AMADA NAME NAME STREET ADDRESS 2300 CORAL WAY SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP Secretary Change ☐ Addition TITLE ☐ Delete TITLE LOPEZ-CANTERA, AMADA NAME STREET ADDRESS STREET ADDRESS 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 CITY-ST-ZIP CITY-ST-ZIP President, Vice-President K Change ☐ Addition ☐ Delete LOPEZ-CANTERA, CARLOS C NAME NAME 150 ALHAMBRA CIRCLE, SUITE 925 STREET ADDRESS 2300 CORAL WAY SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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 cath; 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 in Block 10 or Block 11 if SIGNATURE: