


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90092 019 \*\*\*150.00

**DOCUMENT # 588603**

1. Entity Name  
**CILISE CORPORATION**



Principal Place of Business  
 1359 SW 1ST STREET XXXX  
 MIAMI, FL 33134 XXXX

Mailing Address  
 XXXXXXXXXXXXXXXX  
 9900 S.W. 77TH AVE XXXX  
 MIAMI, FL 33166 XXXX

**50011232**



2. Principal Place of Business  
 .9000 S.W. 36th Street

3. Mailing Address  
 Suite 330  
 Suite, Apt. #, etc.  
 Miami

City & State  
 Florida

Zip  
 33165

Country  
 U.S.A.

02012005 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-1856329

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, AUGUSTO**  
 8261 SW 36TH TERR  
 MIAMI, FL 33166

7. Name and Address of New Registered Agent  
 Name **John A. Margolis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 330, 9990 S.W. 77th Ave.**  
 City **Miami** **FL** Zip Code **33156-2661**

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 *John A. Margolis* DATE 2/1/05

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEMAN, RAIMUNDO 695 CARLOCK AVE. PERTHAMBOY, NJ <input checked="" type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	Augusto Plinio Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9000 S.W. 36th Street Miami, Florida 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RODRIGUEZ, MARGARITA 990 SW 77TH AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Margarita Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9000 S.W. 36th Street Miami, Florida 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP/D NAME STREET ADDRESS CITY-ST-ZIP	Augusto Cesar Rodriguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9000 S.W. 36th Street Miami, Florida 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.

SIGNATURE: *John A. Margolis* Date 2/1/2005 (305) 595-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #