


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002099	
1. Entity Name CEMUSA, INC.	

Principal Place of Business 2119 N.W. 84TH AVENUE MIAMI, FL 33126	Mailing Address 2119 N.W. 84TH AVENUE MIAMI, FL 33126
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0708918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONSTANTINOU, TOULLA P
2119 N.W. 84TH AVENUE
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2006 Fee will be \$550.00**

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

0000007429536
02/22/06-80012-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MAROTEL, ERIC 2119 N.W. 84TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONSTANTINOU, TOULLA P 2119 N.W. 84TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICENTE, LLORENS 2119 N.W. 84TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIOS, JUAN DE LOS 2119 N.W. 84TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ZAMARBIDE, IVAN 2119 NW 84TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: JUAN ZAMARBIDE 2/3/06 305 500 9953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #