


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90033 015 ***150.00

DOCUMENT # G06219
 1. Entity Name
 CAMBRIDGE ESTATES, INC.



40900280



01042006 Chg-P CR2E034 (11/05)

Principal Place of Business
 C/O SOHAIL KHAN
 35 NORTHAMPTON STREET, APT 2502
 BOSTON, MA 02118

Mailing Address
 C/O SOHAIL KHAN
 35 NORTHAMPTON STREET, APT 2502
 BOSTON, MA 02118

2. Principal Place of Business
 1274 THOMASVILLE CIR
 Suite, Apt. #, etc.

3. Mailing Address
 1274 THOMASVILLE CIR.
 Suite, Apt. #, etc.

City & State
 LAKELAND, FL

City & State
 LAKELAND, FL

4. FEI Number
 65-0059228

Applied For
 Not Applicable

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

Zip 33811 Country POLK

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6. Name and Address of Current Registered Agent

KHAN, SOHAIL
 1470 NE 123RD STREET
 PH #02
 N. MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHMOOD, KHURSHID 35 NORTHAMPTON STREET, APT. 2502 BOSTON, MA 02118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1274 THOMASVILLE CIR LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHAN, SOHAIL 35 NORTHAMPTON STREET, APT. 2502 BOSTON, MA 02118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1274 THOMASVILLE CIR LAKELAND, FL 33811
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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: Sohail Khan SOHAIL KHAN 1-5-06 617-818-8178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #