

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K35176

1. Entity Name
CUSTER MANAGEMENT GROUP, INC.



Principal Place of Business
C/O RICHARD LOTHARIVS
7750 MINDELLO STREET
CORAL GABLES, FL 33143 US

Mailing Address
C/O RICHARD LOTHARIVS
7750 MINDELLO STREET
CORAL GABLES, FL 33143 US



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2917891

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE GRELLE, ALAIN
176 W. MASHTA DRIVE
KEY BISCAYNE, FL 33149

**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 _____

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

TITLE PD
NAME CUSTER, FELIPE ANTONIO
STREET ADDRESS 7750 MINDELLO ST
CITY - ST - ZIP CORAL GABLES, FL 33143

TITLE S
NAME DE GRELLE, ALAIN
STREET ADDRESS 176 W. MASHTA DR
CITY - ST - ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

1100000425789
02/20/06-80017-001 800.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #