


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L86650</b> 1. Entity Name CUATES HOLDINGS, INC.	
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Principal Place of Business 155 WOODCREST LANE KEY BISCAYNE, FL 33149	Mailing Address 777 BRICKELL AVE SUITE 630 MIAMI, FL 33131
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01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0204903	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FERDIE, AINSLEE R. 717 PONCE DE LEON BLVD. SUITE 215 CORAL GABLES, FL 33134
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election/Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRUELA, JUAN 217 WEST ENID DR. KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRUELA, ESTELA 217 WEST ENID DR. KEY BISCAYNE, FL
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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: <u>JUAN URRUELA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01/20/07 <small>Date</small>	(305) 374-0500 <small>Daytime Phone #</small>