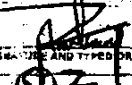


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90387 027 ***150.00

**2006 FOR PROFIT CORPORATION ON
 ANNUAL REPORT**

DOCUMENT # P00000008960			
1. Entity Name TALLER ICABALZETA, INC.			
Principal Place of Business 13867 SW 142 AVE MIAMI, FL 33186		Mailing Address 13887 SW 142 AVE MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE		04282006 N C g-P CR2E034 (11/05)	
		4. FEI Number 65-0973289	
		Applied For Not Applicable	
		5. Certificate of Status Requested ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ICABALZETA, FLORENCIO A 13887 SW 142 AVE MIAMI, FL 33186			
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: _____ (NOT) _____ (Registered Agent's signature is required when retreating) _____ DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	CONTRERAS, JULIO C		
STREET ADDRESS	13867 SW 142 AVE		
CITY-STATE-ZIP	MIAMI, FL 33186		
TITLE	D		
NAME	ICABALZETA, FLORENCIO A		
STREET ADDRESS	13887 SW 142 AVE		
CITY-STATE-ZIP	MIAMI, FL 33186		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that my signature shall have the same legal effect as if required by Chapter 607, Florida Statutes, which requires that my name appear in Block 10 of Block 11.			
SIGNATURE:  _____			
FOR DIRECTOR _____			