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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90387 027 ***150.00

2006 FOR PROFIT CORPORAT ON ANNUAL REPORT

DOCUMENT # P00000008960

1. Entity Name
TALLER ICABALZETA, INC.

Principal Place of Business	Mailing Address
13887 SW 142 AVE MIAMI, FL 33186	13887 SW 142 AVE MIAMI, FL 33186

04282006 N C g-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0973289
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ DATE
Signature, typed or printed name of registered agent and the title, if any, of that person (NOTE: Registered Agent signature is 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONTRERAS, JULIO C
STREET ADDRESS	13887 SW 142 AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	ICABALZETA, FLORENCIO A
STREET ADDRESS	13887 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 empowerments.

SIGNATURE: [signature] D
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #