

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033796

Entity Name: CISNEROS CAPITAL GROUP, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

330 DOLIAS COURT
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

330 DOLIAS COURT
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0998202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUS, YAQUELIN
4025 NE 2ND AVE
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CINSNEROS, JAMES B
Address: 330 DOLIAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: PEREZ, VINCENT
Address: 287 LAS BRISAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: PEREZ, STEVEN
Address: 287 LAS BRISAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: CISNEROS, ROBERT B
Address: 287 LAS BRISAS COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: CISNEROS, AUGUSTO F
Address: 431 COSTANGERA ROAD
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BLANCHARD

DPST

04/29/2005

Electronic Signature of Signing Officer or Director

Date