

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033796

Entity Name: CISNEROS CAPITAL GROUP, INC.

FILED  
Apr 25, 2006  
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:

4025 NE 2ND AVENUE  
MIAMI, FL 33137

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: CISNEROS, 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: D (X) Change ( ) Addition  
Name: PEREZ, VINCENT  
Address: 320 DOLIAS COURT  
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition  
Name: PEREZ, STEVEN  
Address: 320 DOLIAS COURT  
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition  
Name: CISNEROS, ROBERT B  
Address: 320 DOLIAS COURT  
City-St-Zip: CORAL GABLES, FL 33143

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 Chapter 119, 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

04/25/2006

Electronic Signature of Signing Officer or Director

Date