


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2006 90009 015 ***150.00

DOCUMENT # P01000117214 1. Entity Name CUELLAR & VILLEGAS CORPORATION					
Principal Place of Business 609 N.W. 12TH AVE. MIAMI, FL 33136			Mailing Address 609 N.W. 12TH AVE. MIAMI, FL 33136		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0469790	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLEGAS, JESUS 179 N. COCONUT PALM BOULEVARD PLANTATIN KEY COLONY TAVERNIERE, FL 33070				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUELLAR, ALEIANDRO 44 NE 45 STREET MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA D. SEVILLANO 710 E. 16 PLACE HIALEAH, FLORIDA 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLEGAS, JESUS 179 N. COCONUT PALM BOULEVARD TAVERNIER, FL 33070		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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><i>Rocio Villegas</i></u> <u>01/12/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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