


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000018720**


1. Entity Name  
**DEL CUETO MARKETING GROUP, INC.**



Principal Place of Business  
**2307 DOUGLAS ROAD SUITE 200  
MIAMI, FL 33145 US**

Mailing Address  
**4841 BILTMORE DRIVE  
CORAL GABLES, FL 33146 US**

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>03-0419482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DEL CUETO, JOSE  
4841 BILTMORE DRIVE  
CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000713168**  
**04/26/07-80078-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES DEL CUETO, JOSE 4841 BILTMORE DRIVE CORAL GABLES, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA DEL CUETO, CYNTHIA 4841 BILTMORE DRIVE CORAL GABLES, FL 33146</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** CYNTHIA DEL CUETO **CYNTHIA DEL CUETO** **3/30/07** **305-669-6789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #