

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90478 001 ***150.00

50017700



04182006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000021365 1. Entity Name CIENTFUEGOS POWER STEERING, INC.					
Principal Place of Business 4110 E. 11TH AVENUE HIALEAH, FL 33013			Mailing Address 4110 EAST 11TH AVENUE HIALEAH, FL 33013		
2. Principal Place of Business <i>4110 E 11 Ave</i>			3. Mailing Address <i>4110 E 11 Ave</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Hialeah</i>			City & State <i>Hialeah</i>		
Zip <i>FL 33013</i>		Country <i>Dade</i>		Zip <i>FL 33013</i>	
Country <i>Dade</i>		4. FEI Number 83-0350417			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMON, HERNANDEZ 4110 E. 11 AVE HIALEAH, FL 33013				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</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	P HERNANDEZ, RAMON 4110 E. 11 AVE HIALEAH, FL 33013		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, RONALD 4110 E. 11 AVE HIALEAH, FL 33013		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		<input type="checkbox"/> Delete		
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: <i>Ramon Hernandez</i> <i>4/26/2006</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		