## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000040078

Entity Name: CASHIRULI, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	ICE DE LEON I	BLVD.		
1050 CORAL G	ABLES, FL 33	134		
Current N	/lailing Addres	ss:	New Mailing Addres	SS:
2424 DON	ICE DE LEON I	DIVID		
1050				
CORAL G	SABLES, FL 33	134		
FEI Number	r: 05-0563594	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
2121 PON 1050	TING SERVICE NCE DE LEON I BABLES, FL 33			
	e named entity : te of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATU	IRE:			
	Electror	nic Signature of Registered Ag	ent	Date
				Date
Election Ca	ımpaign Financin	g Trust Fund Contribution ( ).		Date
	ımpaign Financini		ADDITIONS/CHANG	BES TO OFFICERS AND DIRECTOR
	S AND DIREC	TORS:  Delete  A  AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	
<b>OFFICER</b> Title: Name: Address:	TD () LUGO, GLORIA 10126 NW 2ND MIAMI, FL 331 SD () SANCHEZ, MAI	TORS:  Delete  A  AVE  50  Delete  RISA  NEBLEAU BLVD APT 204	Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	TD ( ) LUGO, GLORIA 10126 NW 2NE MIAMI, FL 331 SD ( ) SANCHEZ, MAI 9425 FOUNTAI MIAMI, FL 331	TORS:  Delete  DAVE  DO AVE  D	Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: MARISA SANCHEZ SD 04/26/2006