


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000008708</b> 1. Entity Name <b>CUNANO BUILDERS CORPORATION</b>	
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Principal Place of Business <b>1105 SW 117TH CT. MIAMI, FL 33184</b>	Mailing Address <b>1105 SW 117TH CT. MIAMI, FL 33184</b>
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02092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0600598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent <b>FERNANDEZ, ORLANDO 1105 SW 117TH CT. MIAMI, FL 33184</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**000000535284  
05/08/06-80046-022 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ, ORLANDO 1105 SW 117TH CT. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, BLANCA R 1105 SW 117TH CT. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOMINGUEZ, EDEL 1105 SW 117TH CT. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/06 786 258 3719**  
Date Daytime Phone #