
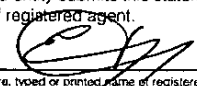
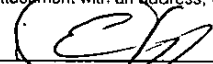


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90050 009 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P04000039590 1. Entity Name E.E. CUETO INC. | | | |  | |
| Principal Place of Business 11297 SW 88 ST M 116 MIAMI, FL 33176 | | | Mailing Address 11297 SW 88 ST M 116 MIAMI, FL 33176 | | |
| 2. Principal Place of Business 11755 SW 189th ST | | 3. Mailing Address 11755 SW 189th ST | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 20-0800113 | |
| Zip 33177 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBO, LUIS 6230 W 21 CT HIALEAH, FL 33016 | | | | 7. Name and Address of New Registered Agent Name MOREIRA, EUGENIO E. Street Address (P.O. Box Number is Not Acceptable) 11755 SW 189th ST. City Miami FL Zip Code 33177 | |
| 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:  MOREIRA, EUGENIO E. Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE: 3/12/05 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <input type="checkbox"/> Delete MOREIRA, EUGENIO E 11297 SW 88 ST APT M116 MIAMI, FL 33176 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOREIRA, EUGENIO E. 11755 SW 189th ST. Miami, FL 33177 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | 3/12/05 786-298-7874 Date Daytime Phone # | | |