

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 21, 2005 8:00 am
Secretary of State

01-20-2005 90040 030 ***150.00

DOCUMENT # P04000063614 1. Entity Name CUCCINA OULIN, INC.																																																																																																																																			
Principal Place of Business 2913 NW 82 AVE MIAMI, FL 33122			Mailing Address 2913 NW 82 AVE MIAMI, FL 33122																																																																																																																																
2. Principal Place of Business 8060 NW 33 STREET Suite, Apt. #, etc.			3. Mailing Address 8060 NW 33 STREET Suite, Apt. #, etc.																																																																																																																																
City & State MIAMI, FL			City & State MIAMI, FL																																																																																																																																
Zip 33122		Country USA		Zip 33122																																																																																																																															
Country USA		4. FEI Number 20-1020294																																																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent OUAKNINE, GILBERT 2913 NW 82 AVE MIAMI, FL 33122																																																																																																																																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8060 NW 33 STREET City MIAMI FL Zip Code 33122																																																																																																																																			
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 reappointing)																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>OUAKNINE, GILBERT</td> <td></td> <td>STREET ADDRESS</td> <td>8060 NW 33 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2913 NW 82 AVE</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33122</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33122</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DELGADO, JUAN M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7225 SW 146 ST. CIRCLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO, FL 33158</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CAJIGAS, RICARDO</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8060 NW 33 STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33122</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	OUAKNINE, GILBERT		STREET ADDRESS	8060 NW 33 STREET		CITY-ST-ZIP	2913 NW 82 AVE		CITY-ST-ZIP	MIAMI, FL 33122			MIAMI, FL 33122					TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DELGADO, JUAN M		NAME			STREET ADDRESS	7225 SW 146 ST. CIRCLE		STREET ADDRESS			CITY-ST-ZIP	PALMETTO, FL 33158		CITY-ST-ZIP			TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	CAJIGAS, RICARDO		NAME			STREET ADDRESS	8060 NW 33 STREET		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: _____ 1/17/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			

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