

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90119 018 ***150.00

DOCUMENT # P04000065709

1. Entity Name
CURBSIDE CORES, INC.



Principal Place of Business
12056 SW 131 AVE
MIAMI, FL 33186-6419

Mailing Address
7401 N.W. 68TH STREET
BAY B-15
MIAMI, FL

2. Principal Place of Business

3. Mailing Address

12056 S W 131 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip

Country

33186

03032006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1037947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMONTE, JOSE C
7401 N.W. 68TH STREET
BAY B-15
MIAMI, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

17557 S W 142 CT

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

Jose C. Almonte

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-06

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ALMONTE, JOSE C
STREET ADDRESS 15158 S.W. 129TH PLACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 17557 S W 142 CT
CITY-ST-ZIP AMIAMI, FL 33177

TITLE STD ☐ Delete
NAME ALVARADO, MARIA E
STREET ADDRESS 15158 S.W. 129TH PLACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1500 BAY ROAD # 422
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jose C. Almonte* JOSE C ALMONTE PRESIDENT 03/03/06 305 256 1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #