

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083446

Entity Name: CAMBALACHE, INC.

FILED
Apr 10, 2005
Secretary of State

Current Principal Place of Business:

17100 COLLINS AVENUE
114 - 115
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17050 NORTH BAY ROAD
1201
SUNNY ISLES, FL 33160 US

New Mailing Address:

17100 COLLINS AVENUE
#114
SUNNY ISLES, FL 33160 US

FEI Number: 02-0723562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARATE, ROBERTO
17050 NORTH BAY ROAD
1201
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

ZARATE, ROBERTO
17100 COLLINS AVE.
#114
SUNNY ISLES, FL 33160 US

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.

SIGNATURE: ROBERTO ZARATE

04/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZARATE, ROBERTO
Address: 17050 NORTH BAY ROAD # 1201
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: SEC () Delete
Name: ZARATE, PAOLA
Address: 17050 NORTH BAY ROAD # 1201
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZARATE, ROBERTO
Address: 17100 COLLINS AVE. #114
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: SEC (X) Change () Addition
Name: ZARATE, PAOLA
Address: 17100 COLLINS AVE. # 114
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERTO ZARATE

PD

04/10/2005

Electronic Signature of Signing Officer or Director

Date