

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90024 050 ***550.00

DOCUMENT # P04000131960 1. Entity Name CYCLE WORKS CUSTOMS INC.			
Principal Place of Business 16225 SW 117 AVENUE BUILDING D UNIT 5 MIAMI, FL 33177		Mailing Address 16225 SW 117 AVENUE BUILDING D UNIT 5 MIAMI, FL 33177	
2. Principal Place of Business <i>11510 SW 120 St.</i>		3. Mailing Address <i>11510 SW 120 St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI, FL 33176</i>		City & State <i>MIAMI, FL 33176</i>	
Zip <i>33176</i>		Zip <i>33176</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 73-1718405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIL, MISAEL 15700 SW 82 AVENUE PALMETTO BAY, FL 33157		7. Name and Address of New Registered Agent Name <i>Cesar U. Garcia</i> Street Address (P.O. Box Number is Not Acceptable) <i>11510 SW 120 St</i> <i>MIAMI FL</i> City <i>MIAMI</i> State <i>FL</i> Zip Code <i>33176</i>	
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 <i>Cesar U. Garcia</i> DATE <i>7/10/06</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 P NAME GIL, MISAEL STREET ADDRESS 15700 SW 82 AVENUE CITY-ST-ZIP PALMETTO BAY, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE <i>President</i> NAME <i>Axet Salis (President)</i> STREET ADDRESS <i>11510 SW 120 St</i> CITY-ST-ZIP <i>MIAMI FL 33176</i>	<input checked="" 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 checked="" 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 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: <i>Cesar U. Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7/10/06</i> Daytime Phone # <i>786-486 4873</i>	