2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
•

2/

Principal Place of Business 23 S M 135 M E MAINT, RL 33184 22 S M 135 M E MAINT, RL 33184 23 S M 135 M E MAINT, RL 33184 24 S M 135 M E MAINT, RL 33184 24 S M 135 M E MAINT, RL 33184 24 S M 135 M E MAINT, RL 33184 25 M 135 M E MAINT, RL 33184 27 M 135 M 135 M E MAINT, RL 33184 27 M 135 M 13	DOCUMENT # P05000091949 1. Entity Name C & T VESTOR PA							02-17-200	16 90069 00 <i>1</i>			
2. Principal Place of Business 2. Malling Address 3. Melling Address City & State	Principal Place of Business Mailing Address						1					
Sulfe, ApI, F, etc. Sulfe, ApI, F, etc. Sulfe, ApI, F, etc. 02102006 Chg-P CR2E034 (11/05)						4 (941)144 ()				erban la 1884		
City & State Ci	Principal Place of Business 3. Malling Address											
Post	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02102006	Chg-P	CR2E034 (1	/05)		
S. Cerricition of Status Desired Fee Required T. Name and Address of New Registered Agent Thumbs Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Thumbs The above named entity submits this statisment for the purpose of changing its registered effice or registered agent, or both, in the State of Florids. Lem furnikar with, and accept the objective of the purpose of changing its registered effice or registered agent, or both, in the State of Florids. Lem furnikar with, and accept the objective of the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with, and accept the objective of the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with, and accept the objective of the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with, and accept the objective of the purpose of changing its registered effice or registered agent, or both, in the State of Florids. Lem furnikar with, and accept the objective of the purpose of changing its registered effice or registered agent, or both, in the State of Florids. Lem furnikar with, and accept the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with, and accept the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with, and accept the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with, and accept the purpose of changing its registered agent, or both, in the State of Florids. Lem furnikar with and accept the purpose of changing its registered agent, or registered agent, or both, in the State of Florids. Lem furnikar with and accept the purpose of changing its registered agent, or registered agent, or	City & State						4. FEI Numb	06412	2	_		
Street Address (P.O. Sox Number is Not Acceptable)	Zip	0 No				5. Certificate of Status Desired \$8.75 Additional Fee Required						
Street Address (P.O. Box Number is Not Acceptable) City		U. Name	and Address of Current	Registered Agent		*Name ***	7. Name and	Address of New R	legistered Agent		·	
City FL Zip Code 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 Floride. I am familiar with, and accept the obligations of progressive agent. SIGNATURE STATE Support Tondy process and a registered part of the factors. FILE NOWILL FEE IS \$150.00 9. Election Composing Transform (processing the part of the factors.) 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. INTE PART OFFICERS AND DIRECTORS 11. INTE DELIGADO, CESAR V SIRET ADDRESS SIRET ADDRESS CITY-51-79 INTE NAME SIRET ADDRESS CITY-51-79 INTE N	321 SW 135 AVE					Street Address (P.O. Box Number is Not Acceptable)						
B. 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 agistered agent. SIGNATURE	MIAMI, FL 33184								1			
The obligations of papietered agent. SIGNATURE Commonwealth						ĺ					,	
### FILE NOW!H FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS	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.											
ARE May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DELIGADO, CESAR V STRET ADDRESS STRET ADDRESS CITY-ST-2P MIAMI, FL 33184 Change Addition MAKE STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE Detels TITLE MAKE STRET ADDRESS CITY-ST-2P TITLE MAKE	SIGNATURE Gray Ceser V. Dela-do Feb/02/06											
ARE May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DELIGADO, CESAR V STRET ADDRESS STRET ADDRESS CITY-ST-2P MIAMI, FL 33184 Change Addition MAKE STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE Detels TITLE MAKE STRET ADDRESS CITY-ST-2P TITLE MAKE												
ITILE MAKE DELIGADO, CESAR V STRET ADDRESS 221 SW 135 AVE DITUST-2P MIAMI, FL 33184 Delete MAKE STRET ADDRESS CITY-ST-2P TITLE MAKE STRET ADDRESS CITY-S							.00 May Be led to Fees				,	
DELGADO, CESAR V 321 SW 135 AVE SIRET ADRESS GITY-ST-ZP MIAMI, FL 33184 IIILE MAKE SIRET ADRESS GITY-ST-ZP IIILE MAKE SIRET ADRESS GITY-		1	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	TOR	IN 11	
NAME SIREET ADDRESS CITY-ST-ZP TITLE SIREET ADDRESS CITY-ST-ZP T	NAME STREET ADDRESS	DELGADO 321 SW 1	35 AVE	☐ Deleta	nam Stre	E et address			□ Ch	алде	Addition	
NAME SIREE ADDRESS CITY-ST-ZP TITLE Delete IITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE Delete IITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE Delete IITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP TO Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZP TO Change Addition NAME SIREET	NAME STREET ADDRESS			☐ Celete	NAM STRE	E Et address			□ Ch	ange	Arkdilion	
NAME SIREE ADDRESS CITY-ST-ZIP ITILE NAME STREE 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 1 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 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.	STREET ADDRESS			☐ Delete	- NAM STRE	E - ET ADDRESS			_ Ch	2098	Addition -	
ITILE 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 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.	NAME Street address			`□ Öelele .	NAM STRE	E ET ADDRESS			· Ch	ange	Addition	
INLE NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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.	NAME STREET ADDRESS			☐ Defete	TIFLE RAM STRE	E ET ADORESS			□ Ch	ange	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath, 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.	TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STRE	E ET ADDRESS			☐ Ch	ange	Addition	
SIGNATURE: Cesage V. Velzad. Feb/12/06	indicated of the cor changed,	or director										



ATTACHMENT 66006972

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2006

C & T VESTOR PA 321 SW 135 AVE MIAMI, FL 33184

Subject: C & T VESTOR PA

Reference Number:

P05000091949

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION