## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000153889

Entity Name: CIREPA, INC.

City-St-Zip:

FILED Jan 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1720 SW 24TH STREET MIAMI, FL 33145 **Current Mailing Address: New Mailing Address:** 1720 SW 24TH STREET MIAMI, FL 33145 FEI Number: 20-3825853 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CIRIMELE, TOMMASINO GINO 1720 SW 24TH STREET MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CIRIMELE, TOMMASINO GINO CIRIMELE, TOMMASINO G Name: Name: 1720 SW 24TH STREET 1720 SW 24TH STREET Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33145 Title: () Delete Title: VΡ ( ) Change (X) Addition Name: Name: BERMUDEZ, DOMINGO A 6020 S.W. 8 STREET LOTC302 Address: Address: MIAMI, FL 33144 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete SEC CIRIMELE, TOMMASINO G Name: Name: 1720 S.W. 24TH STREET Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33145 Title: () Delete Title: **TRES** ( ) Change (X) Addition BERMUDEZ, DOMINGO A Name: Name: Address: Address: 6020 S.W. 8 STREET LOT C302

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

MIAMI, FL 33144

SIGNATURE: TOMMASINO G CIRIMELE **PRES** 01/26/2006