
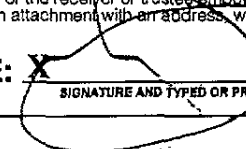


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000037457 1. Entity Name CIELA INVESTMENTS, INC.		
Principal Place of Business 4505 W FLAGLER ST #102 MIAMI, FL 33134 US		Mailing Address 4505 W FLAGLER ST #102 MIAMI, FL 33134 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JIMENEZ, JUAN 4505 W FLAGLER ST #101 MIAMI, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DPT	
NAME	JIMENEZ, JUAN F.	
STREET ADDRESS	4505 W. FLAGLER STREET, #102	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	DS	
NAME	JIMENEZ, GRACIELA	
STREET ADDRESS	4505 W FLAGLER ST, #102	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JUAN F. JIMENEZ, PRES. Date 01/09/06 Daytime Phone # _____



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0491300	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000426489
02/20/06-80046-004 150.00

**DO NOT WRITE
IN THIS SPACE**