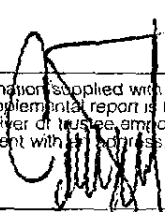


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000061124 1. Entity Name CESAR ASTUDILLO SERVICES, INC.					
Principal Place of Business 18668 SW 132ND PLACE MIAMI FL 33177 US		Mailing Address 18668 SW 132ND PLACE MIAMI FL 33177 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0514380 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASTUDILLO, CESAR 18668 SW 132ND PLACE MIAMI FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) Signature, type or print name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST ASTUDILLO, CESAR 18668 SW 132 ND PLACE MIAMI FL 33177		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Add		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered					
SIGNATURE:  April 28 / 06 786-489-2530					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					