
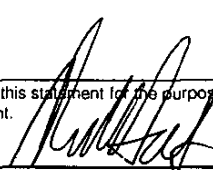
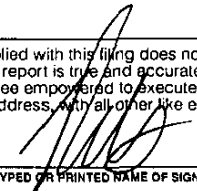


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 026 ***150.00

DOCUMENT # P95000007770 1. Entity Name CABRERIZO FAMILY HOLDINGS, INC.					
Principal Place of Business 11000 NW 92 TERR MIAMI, FL 33178			Mailing Address 11000 NW 92 TERR MIAMI, FL 33178		
2. Principal Place of Business 6340 SUNSET DR.		3. Mailing Address 6340 SUNSET DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-0566420	
Zip 33143 Country USA		Zip 33143 Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WOLFE, RICHARD C 100 S.E. 2ND STREET 28TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Fieldstone, Ronald R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE #601 City CORAL GABLES, FL Zip Code 33134		
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  DATE 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CABRERIZO, TOMAS 9800 N.W. 78TH AVE. HIALEAH GARDENS, FL 33016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Not Secretary Fieldstone, Ronald R 201 ALHAMBRA CIRCLE #601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CABRERIZO, VIVIAN 9800 N.W. 78TH AVE. HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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 exemption stated in Section 119.07(3)(i), 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:  RONALD R. FIELDSTONE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/28/05				Daytime Phone # 305 357 1001	