

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000007770
 1. Entity Name
 CABRERIZO FAMILY HOLDINGS, INC.



Principal Place of Business Mailing Address
 6340 SUNSET DR 6340 SUNSET DR
 MIAMI, FL 33143 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0566420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FIELDSTONE, RONALD R
 201 ALHAMBRA CIRCLE
 # 601
 MIAMI, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/05/06-80066-013 150.00

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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: [Signature] SECRETARY 3/8/06 305.357.1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #