
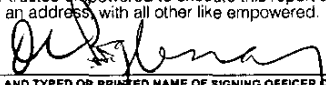


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90004 023 \*\*\*150.00

<b>DOCUMENT # P95000031433</b> 1. Entity Name <b>CAILIL, INC.</b>					
Principal Place of Business <b>200 ALBATROSS STREET MIAMI SPRINGS, FL 33166</b>			Mailing Address <b>200 ALBATROSS STREET MIAMI SPRINGS, FL 33166</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0576428</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IGLESIAS, CARLOS A 200 ALBATROSS STREET MIAMI SPRINGS, FL 33166</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGLESIAS, LILLIAM V</b>		NAME	<b>IGLESIAS, LILLIAM</b>	
STREET ADDRESS	<b>200 ALBATROSS STREET</b>		STREET ADDRESS	<b>200 ALBATROSS STREET</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL</b>		CITY-ST-ZIP	<b>MIAMI SPRINGS, FL</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGLESIAS, LILLIAM</b>		NAME	<b>IGLESIAS, CARLOS A., Jr.</b>	
STREET ADDRESS	<b>200 ALBATROSS STREET</b>		STREET ADDRESS	<b>200 ALBATROSS STREET</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL</b>		CITY-ST-ZIP	<b>MIAMI SPRINGS, FL</b>	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGLESIAS, CARLOS A</b>		NAME	<b>IGLESIAS, CARLOS A.</b>	
STREET ADDRESS	<b>200 ALBATROSS STREET</b>		STREET ADDRESS	<b>200 ALBATROSS STREET</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL</b>		CITY-ST-ZIP	<b>MIAMI SPRINGS, FL</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>CARLOS A. IGLESIAS</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>2-22-06</b>		