2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000075145

1. Entity Name
CUGAL, INC.

Principal Place of Business	Mailing Address
6110 W 6TH AVE HIALEAH, FL 33012	6110 W 6TH AVE HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

02282006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0646603	Applied For Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONCALVES, TANIA
6110 W 6TH AVE
HIALEAH, FL 33012

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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 _____

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

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	P		
NAME	GONCALVES, AUGUSTO		
STREET ADDRESS	6110 W 6TH AVE		
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE	VP		
NAME	GONCALVES, TANIA		
STREET ADDRESS	6110 W 6TH AVE		
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
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CITY-ST-ZIP			

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03/28/06-80039-018 150.00

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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: _Tania Goncalves_   3/1/06   (305) 825-0216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #