2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

DOCUMENT # P97000013932 1. Entity Name C & L OF MIAMI, INC. Principal Place of Business 10530 S.W. 6TH STREET Mailing Address 10530 S.W. 6TH STREET				Secretary of State	
MIAMI, FL 3		MIAMI, FL 33174			
DO NOT WRITE IN THIS SPACE					CR2E034 (10/03)
			CE	03172005 No Chg-P 4. FEI Number	Applied For
				65-0755798	Not Applicable
		The second secon		5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent			
CURBELO, CARMEN L 10530 S.W. 6TH STREET MIAMI, FL 33174			ONOT WRITE IN THIS SPACE		
	named entity submits this statement for the priors of registered agent. Signature, typed or printed name of registered agent and title	্রাপের ৪০ সুরাক্ষানের স্বাহ সংগ্ ————————————————————————————————————	ed office or register	A CONTRACTOR OF SERVICE STATE OF SERVICES	rida. I am familiar with, and accept DATE
Fil. After M	E NOW!!! FEE [\$ \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	-
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	CURBELO, CARMEN L 10530 S.W. 6TH STREET MIAMI, FL 33174			(Inc.)	
TITLE	i vs			UUUU 01. 161. 201	00281581
NAME	LUGONES, LUIS I			0000 03/31/0	00281581 5-80009-004 150.00
NAME STREET ADDRESS CITY-ST-ZIP	LUGONES, LUIS I 10530 S.W. 6TH STREET MIAMI, FL 33174			03/31/0	00281581 5-80009-004 150.00
STREET ADDRESS CITY-ST-ZIP TITLE	10530 S.W. 6TH STREET	·		0000 03/31/0	00281581 5-80009-004 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10530 S.W. 6TH STREET			03/31/0	5-80009-004 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10530 S.W. 6TH STREET			DO NOT W	5-80009-004 150.00 RITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	10530 S.W. 6TH STREET	·		03/31/0	5-80009-004 150.00 RITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10530 S.W. 6TH STREET			DO NOT W	5-80009-004 150.00 RITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10530 S.W. 6TH STREET			DO NOT W	5-80009-004 150.00 RITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	10530 S.W. 6TH STREET			DO NOT W	5-80009-004 150.00 RITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10530 S.W. 6TH STREET			DO NOT W	5-80009-004 150.00 RITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	10530 S.W. 6TH STREET	A chart of the state of the sta	£.	DO NOT W	5-80009-004 150.00 RITE

12. Thereby certify that the information supplied with this filling 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: Carrie Cultur CARMEN WEBELS
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05 (305) 552 195 Date Phone *