2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 08:00 AM DOCUMENT # P97000013932 **Secretary of State** C & L OF MIAMI, INC. Principal Place of Business Mailing Address 10530 S.W. 6TH STREET 10530 S.W. 6TH STREET MIAMI, FL 33174 MIAMI, FL 33174 01072007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0755798 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CURBELO, CARMEN L 10530 S.W. 6TH STREET MIAMI, FL 33174 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent aignature required when reinstating) U00000582639 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/11/07-80040-004 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CURBELO, CARMEN L NAME STREET ADDRESS 10530 S.W. 6TH STREET CITY-ST-ZIP MIAMI, FL 33174 LUGONES, LUIS I NAME Server to Agree STREET ADDRESS 10530 S.W. 6TH STREET Commence of the second of the second MIAMI, FL 33174 CITY-51-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/01 (805)550-1951 Dete Degrine Phone #

FILED