


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000060136**  
1. Entity Name  
C.I.C. FINANCE SERVICES CORP.



Principal Place of Business      Mailing Address  
6950 NW 77TH CT                      6950 NW 77TH CT  
MIAMI, FL 33166                      MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**



07062005      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>65-0778137</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LEYVA, GIRALDO JR  
6950 NW 77TH CT  
MIAMI, FL 33166

**DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
Due by September 7, 2005

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	D LEYVA, GIRALDO 6950 NW 77TH CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEYVA, GIRALDO JR 6950 NW 77TH CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEYVA, AURELIO 6950 NW 77TH CT MIAMI, FL 33166
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07/11/05-80022-005 558.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #