


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9700060136

1. Entity Name
C.I.C. FINANCE SERVICES CORP.



FILED
06 APR 27 PM 3:41

Principal Place of Business
**6950 NW 77TH CT
MIAMI FL 33166**

Mailing Address
**6950 NW 77TH CT
MIAMI FL 33166**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Zip Country

4. FEI Number
65-0778137

Applied For
 Not Applicable

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

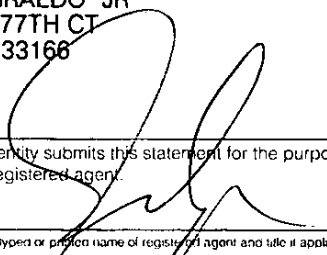
6. Name and Address of Current Registered Agent

**LEYVA, GIRALDO JR
6950 NW 77TH CT
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  DATE **4/26/06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEYVA, GIRALDO | |
| STREET ADDRESS | 6950 NW 77TH CT | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEYVA, GIRALDO JR | |
| STREET ADDRESS | 6950 NW 77TH CT | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LEYVA, AURELIO | |
| STREET ADDRESS | 6950 NW 77TH CT | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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05/01/06--01032--004 **158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **4/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR