



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S24312 1. Entity Name C.Y.A. ACQUISITIONS, INC.							
Principal Place of Business 1205 SW 37TH AVE. MIAMI, FL 33135		Mailing Address 1205 SW 37TH AVE. MIAMI, FL 33135					
DO NOT WRITE IN THIS SPACE							
							
		01062006 No Chg-P CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0241505</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0241505	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent ALVAREZ, CLAUDIO I. 1205 SW 37TH AVE. MIAMI, FL 33135		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 _____ <small>Signature, typed or printed name of registered agent and use if applicable</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, CLAUDIO I. 1205 SW 37TH AVE. MIAMI, FL	<div style="text-align: right; margin-bottom: 10px;">U00000556694 05/17/06-80020-021 150.00</div> DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, YVONNE R 1205 SW 37TH AVE MIAMI, FL 33135						
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/06 (305) 448-8255 <small>Date Daytime Phone #</small>					