

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90039 018 ***150.00

DOCUMENT # 476137

1. Entity Name
CASCABEL, INC.



Principal Place of Business
**1925 BRICKELL AVENUE
APT D 2102
MIAMI, FL 33129 US**

Mailing Address
**1925 BRICKELL AVENUE
APT D 2102
MIAMI, FL 33129 US**

94036683



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2142590

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, RONALD G
2655 LEJEUNE RD.
SUITE 203
CORAL GABLES, FL 33134**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAVELIER, JORGE
STREET ADDRESS 1925 BRICKELL AVENUE APT D 2102
CITY-ST-ZIP MIAMI, FL 33129

TITLE VD
NAME CAVELIER, SYLVIA
STREET ADDRESS 1925 BRICKELL AVENUE APT D 2102
CITY-ST-ZIP MIAMI, FL 33129

TITLE VD
NAME CAVELIER, ANDRES
STREET ADDRESS 1925 BRICKELL AVENUE APT D 2102
CITY-ST-ZIP MIAMI, FL 33129

TITLE S
NAME THOMPSON, MARAGARET
STREET ADDRESS 6855 EDGEWATER DRIVE #3E
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: X Andres Cavelier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04

Date

(305) 856-1282

Daytime Phone #