


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 012 ***158.75

DOCUMENT # K50844	
1. Entity Name CAVENUS, INC.	

Principal Place of Business 8885 S.W. 27TH ST. MIAMI, FL 33165	Mailing Address 8885 S.W. 27TH ST. MIAMI, FL 33165
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2. Principal Place of Business 15236 S.W. 68 St.	3. Mailing Address 15236 S.W. 68 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33193	Zip 33193
Country	Country

01232008 Chg-P CR2E034 (11/05)

4. FEI Number 65-0098878	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
NAVARRO, SINIVARDO 8885 S.W. 27TH ST. MIAMI, FL 33165	

7. Name and Address of New Registered Agent	
Name NAVARRO, SINIVARDO	
Street Address (P.O. Box Number is Not Acceptable) 15236 S.W. 68 St.	
City Miami	FL Zip Code 33193

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]* DATE: *02-01-2006*
(NOTE: Registered Agent signature required when reappointing)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, SINIVARDO 8885 S.W. 27TH ST. MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, SINIVARDO 15236 S.W. 68 St. Miami, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORO, SCARLETT 8885 S.W. 27TH ST. MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TORO, SCARLETT 15236 S.W. 68 St. Miami, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SINIVARDO NAVARRO *02-01-2006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #