


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000009353
 1. Entity Name
CACHO ENTERPRISES CORP.



Principal Place of Business Mailing Address
245 S.E. 1ST ST., SUITE 403 **245 S.E. 1ST ST., SUITE 403**
MIAMI, FL 33131 **MIAMI, FL 33131**



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0980985 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FIORE, JOSE
245 SE 1ST STREET
SUITE 403
MIAMI, FL 33131

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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 FIORE, JOSE 245 SE 1ST STREET, STE 403 MIAMI, FL 33131
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 03/19/05-80036-005 150.00

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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 employees.

SIGNATURE: _____ **03/16/05 (786) 425-3448**
SIGNATURE (HAND WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #