


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90064 020 \*\*\*158.75

DOCUMENT # P97000015382

1. Entity Name  
 CAYON GOLDEN EAGLE, INC.



Principal Place of Business Mailing Address  
~~3822 WEST 12TH AVENUE~~ ~~3822 WEST 12TH AVENUE~~  
 HIALEAAH FL 33012 HIALEAAH FL 33012

50003940



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
 3857 W. 16 Ave 3857 W. 16 Ave  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Hialeah FL Hialeah FL

4. FEI Number 65-0739495 Applied For  
 Not Applicable

Zip Country Zip Country  
 33012 U.S.A. 33012 U.S.A.

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

6. Name and Address of Current Registered Agent  
 CAYON, ROBERT  
~~3822 W. 12TH AVE~~  
 HIALEAH FL 33012

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3857 W. 16 Ave  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	CAYON, ROBERTO
NAME	3822 WEST 12TH AVENUE
STREET ADDRESS	HIALEAAH FL 33012
CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	CAYON, GLADYS
NAME	3822 WEST 12TH AVENUE
STREET ADDRESS	HIALEAAH FL 33012
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	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3857 W. 16 Ave
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3857 W. 16 Ave
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	

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:  1/26/05 305 8236721  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #