


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000018694
 1. Entity Name
 CAYS INTERNATIONAL, INC.



Principal Place of Business 2089 N. POWERLINE RD. POMPANO BEACH, FL 33069	Mailing Address 2089 N. POWERLINE RD. POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



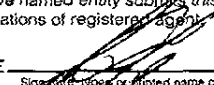
01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0899041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRISPO, FIORINO A
 2089 N. POWERLINE RD.
 POMPANO BEACH, FL 33068

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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:  DATE: 3-12-04

Signature of those of limited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000090453
 03/17/04-80020-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPO, FIORE A 2089 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPO, PAMELA 2089 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE:  DATE: 3-12-04 DAYTIME PHONE #: 954-960-3629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR