

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49206

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: C.A.H. ENTERPRISES, INC.

**Current Principal Place of Business:**

3310 PONCE DE LEON BLVD  
#200  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

3310 PONCE DE LEON BLVD  
#200  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 58-1638277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DONSKY, MAURICE  
440 ROVINO AVE  
CORAL GABLES, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: HOPKINS, CAROL,  
Address: 3399 PONCE DE LEON BLVD., #201  
City-St-Zip: CORAL GABLES, FL 33134

Title: DP ( ) Delete  
Name: WILHELM, SANDRA LEE  
Address: 3399 PONCE DE LEON BLVD., #201  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVS (X) Change ( ) Addition  
Name: HOPKINS, CAROL,  
Address: 3310 PONCE DE LEON BLVD., #200  
City-St-Zip: CORAL GABLES, FL 33134

Title: PRES (X) Change ( ) Addition  
Name: HOPKINS, CAROL  
Address: 3310 PONCE DE LEON BLVD., #200  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOPKINS, CAROL

PRES

04/27/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date