# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # V49206

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3310 PONCE DE LEON BLVD<br>#200<br>CORAL GABLES, FL 33134 US | 3310 PONCE DE LEON BLVD<br>#200<br>CORAL GABLES, FL 33134 US |

03092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
58-1638277
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONSKY, MAURICE
440 ROVINO AVE
CORAL GABLES, FL 33156

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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 N/A 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U00000144568
04/30/04-80137-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DVS |
| NAME | HOPKINS, CAROL |
| STREET ADDRESS | 3399 PONCE DE LEON BLVD., #201 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | DP |
| NAME | WILHELM, SANDRA LEE |
| STREET ADDRESS | 3399 PONCE DE LEON BLVD., #201 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| 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:** Carol Hopkins DVS 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #