


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90219 015 \*\*\*150.00

<b>DOCUMENT # 579016</b>	
1. Entity Name CAVANAUGH'S INC.	

Principal Place of Business 5734 SUNSET DRIVE SOUTH MIAMI, FL 33143 US	Mailing Address 5734 SUNSET DRIVE SOUTH MIAMI, FL 33143 US
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2. Principal Place of Business - No P.O. Box # 5828 SUNSET DRIVE Suite, Apt. #, etc.	3. Mailing Address 5828 SUNSET DRIVE Suite, Apt. #, etc.
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City & State SOUTH MIAMI, FL Zip 33143 Country US	City & State SOUTH MIAMI, FL Zip 33143 Country US
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04282008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1843163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVER, DAVID 5734 SUNSET DR MIAMI, FL 33143	
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7. Name and Address of New Registered Agent Name SILVER, DAVID Street Address (P.O. Box Number is Not Acceptable) 5828 SUNSET DRIVE City SOUTH MIAMI FL Zip Code 33143	
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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 4/29/08

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SILVER, DAVID STREET ADDRESS 5734 SUNSET DRIVE CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE PD NAME SILVER, DAVID STREET ADDRESS 5828 SUNSET DRIVE CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MILANES, CARLOS STREET ADDRESS 5734 SUNSET DRIVE CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE V NAME MILANES, CARLOS STREET ADDRESS 5828 SUNSET DRIVE CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME SILVER, TAMMI STREET ADDRESS 5734 SUNSET DRIVE CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE ST NAME SILVER, TAMMI STREET ADDRESS 5828 SUNSET DRIVE CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 and all other like empowered.	
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SIGNATURE: 	DATE 4/29/08	DAYTIME PHONE # 305.667.0419
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