

FILED
Mar 29, 2004 8:00 am 022
Secretary of State
 03-29-2004 90059 050 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F00000004286

1. Entity Name
CASCADECOVE INVESTMENT LIMITED, INC.

Principal Place of Business Mailing Address
C/O SOFIA POWELL-COSIO **1900 SW 3RD AVE**
1900 S.W. 3RD AVE. **MIAMI, FL 33129**
MIAMI, FL 33129

94037899



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1022695 Not Applicable

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

8. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA
1900 SW 3RD AVE
MIAMI, FL 33129

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 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature is required when reinstating)

Date

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$250.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PFEIFFER, DAG
STREET ADDRESS	CALLE 29 URB FRANCIS NO. 11 ALUWYNYM
CITY - ST - ZIP	LA PAZ
TITLE	SO
NAME	RIECK, HARTMUT
STREET ADDRESS	AV PORIFERICO SUR NO 6677
CITY - ST - ZIP	MEXICO CITY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 IN THIS SPACE**

72. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(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 Block 9 if so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

03/19/04

Date

Overseer (Phone #)