2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM Secretary of State DOCUMENT # F01000002504 1. Entity Name CACIQUE, INC. Principal Place of Business Mailing Address 14940 PROCTOR AVENUE CITY OF INDUSTRY CA 91744 C/O SALMAS LAW GROUP 1880 CENTURY PARK EAST #420 LOS ANGELES CA 90067 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 95-3064460 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zio Code 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 title if applicable (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD ☐ Delete IM F ☐ Change ☐ Addition DE CARDENAS, GILBERT L NAME MARAF STREET ADDRESS STREET ADDRESS 14940 PROCTOR AVENUE U00000038648 U2/U6/04-80146-024_1**69**ge75 _ Addition CITY-ST-ZIP CITY OF INDUSTRY CA 91744 CITY-ST-ZIP TITLE Delete MAARE AEDO, CHARLES NAME STREET ADDRESS 14940 PROCTOR AVENUE STREET ADDRESS CITY-ST-ZIP CITY OF INDUSTRY CA 91744 CITY-ST-ZIP ☐ Delete Change TITLE TITI F Addition NAME DE CARDENAS, JENNIE MARIE STREET ADDRESS 14940 PROCTOR AVENUE STREET ADDRESS CITY-ST-ZIP CITY OF INDUSTRY CA 91744 CITY-ST-ZIP Delete ☐ Addition MANAHAN, PETER T NAME STREET ADDRESS 880 OAK PARK ROAD, SUITE 101 STREET ADDRESS COVINA CA 91724 CITY-ST-ZIP CITY-ST-ZIP Delete THLE ☐ Change ☐ Addition TITLE GONZALEZ, ANGELO MAME NAME 14923 PROCTOR AVENUE STREET ADDRESS STREET ADDRESS LA PUENTE CA 91746 CITY-ST-ZIP GITY-ST-ZIP SVP TITLE ☐ Delete TITLE Change ☐ Addition ORTEGA, ORLANDO NAME NAME 14940 PROCTOR AVENUE STREET ADDRESS STREET ADDRESS CITY OF INDUSTRY CA 91744 CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE PARTY TYPE OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 (M)961-3399 Date Daytime Prons #

FILED