


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 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

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3064460	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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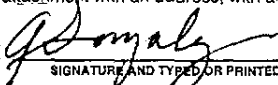
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE CARDENAS, GILBERT L 14940 PROCTOR AVENUE CITY OF INDUSTRY, CA 91744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AEDO, CHARLES 14940 PROCTOR AVENUE CITY OF INDUSTRY, CA 91744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP DE CARDENAS, JENNIE 14940 PROCTOR AVENUE CITY OF INDUSTRY, CA 91744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANAHAN, PETER T 880 OAK PARK ROAD, SUITE 101 COVINA, CA 91724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ANGELO 14923 PROCTOR AVENUE LA PUENTE, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ORTEGA, ORLANDO 14940 PROCTOR AVENUE CITY OF INDUSTRY, CA 91744

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02/21/05-80062-018 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Angelo P. Gonzalez, Vice President** (626) 961-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #