
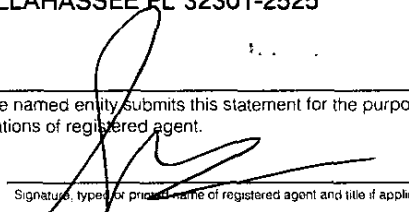
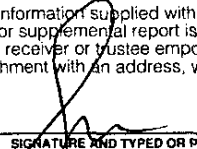


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90027 015 \*\*\*150.00

<b>DOCUMENT # F03000004979</b>			
1. Entity Name <b>CAYO HOLDINGS INC.</b>			
Principal Place of Business <b>5 CHEMIN DE LA CROISSETTE, CH-1214 VERNIER SWITZERLAND</b>		Mailing Address <b>5 CHEMIN DE LA CROISSETTE, CH-1214 VERNIER SWITZERLAND</b>	
2. Principal Place of Business <b>7 NEW ROAD</b>		3. Mailing Address <b>7 NEW ROAD</b>	
Suite, Apt. #, etc. <b>P.O. BOX 2130</b>		Suite, Apt. #, etc. <b>P.O. BOX 2130</b>	
City & State <b>BERLIE CITY</b>		City & State <b>BERLIE CITY</b>	
Zip <b>BERLIE</b>	Country <b>BERLIE</b>	Zip <b>BERLIE</b>	Country <b>BERLIE</b>
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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:  <b>GLEN C.H. WILSON</b> DATE: <b>02/17/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WILSON, GLEN C.H. 5 CHEMIN DE LA CROISSETTE, CH-1214 VERNIER, SWITZERLAND <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	SD ACOSTA, KAREN 7 NEW ROAD BERLIE CITY, BELIZE <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
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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 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:  <b>GLEN C.H. WILSON</b>		Date: <b>02/17/04</b> Daytime Phone #: <b>00501 22 31756</b>	