

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90076 037 \*\*\*150.00

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01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F04000003990</b> 1. Entity Name CAYMAN CAPTIVE CONSULTANTS, LTD., INC.					
Principal Place of Business 14 NORTH PEORIA STREET, #2E CHICAGO, IL 60607			Mailing Address 14 NORTH PEORIA STREET, #2E CHICAGO, IL 60607		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>75-3138468</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  FRISCH, SIDNEY JR 5094 S.E. FEDERAL HIGHWAY STUART, FL 34997			<b>7. Name and Address of New Registered Agent</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRISCH, SIDNEY JR 14 NOROTH PEORIA STREET, #2E CHICAGO, IL 60607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14 NORTH PEORIA STREET, #2E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STAVROPOULOS, DAVID 215 WEST ONTARIO STREET CHICAGO, IL 60610		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b>			Sidney Frisch, Jr.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/16/05		312-666-7080