


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F91483 1. Entity Name CADAVAL ENTERPRISES, INC.	
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Principal Place of Business 22 GRAYVIL DR KEY LARGO, FL 33037 US	Mailing Address 22 GRAYVIL DR KEY LARGO, FL 33037 US
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number 59-2218382	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CADAVAL, LUIZ 154 REDWING ROAD TAVERNIER, FL 33070
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VST CADAVAL, OLGA 154 REDWING ROAD TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CADAVAL, LUIZ 154 REDWING RD TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST CADAVAL, OLGA 154 REDWING ROAD TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADAVAL, MAURICIO 154 REDWING RD TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADAVAL, MELISSA 154 REDWING RD TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04292004-047719
05-03-04-80117-017 150.00

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IN THIS SPACE**

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:  **OLGA CADAVAL** **4-29-04 (307) 363 38**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #