


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000110	
1. Entity Name KAYSER INVESTMENTS, S.A.	

Principal Place of Business 4001 N. OCEAN BLVD., #401B BOCA RATON, FL 33431	Mailing Address 4001 N. OCEAN BLVD., #401B BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

	
02172005	No Chg-P CR2E034 (10/03)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent	
VAN BERGH, ANITA 4001 N. OCEAN BLVD #401B BOCA RATON, FL 33431	

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IN THIS SPACE**

6. 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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	7. 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	PC TORO, ALVARO 4001 N OCEAN BLVD #401B BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORO, MARIA A 4001 N OCEAN BLVD #401B BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORO, MARIA E 4001 N OCEAN BLVD #401B BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/05-80053-017 150.00

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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: Alvaro Toro 17/02/05 561-3916093

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