

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003532

FILED
Jan 11, 2005
Secretary of State

Entity Name: THE CAUCASUS NETWORK, INC.

Current Principal Place of Business:

3527 PINE LAKE COURT
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

3527 PINE LAKE COURT
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 13-3451433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENVIN, HELENE
3527 PINE LAKE COURT
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVC () Delete
Name: KENVIN, HELENE
Address: 3527 PINE LAKE COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV () Delete
Name: KENVIN, HOWARD
Address: 3527 PINE LAKE COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: SCHWARTZ, BARRY A
Address: 225 HARVARD AVENUE
City-St-Zip: ROCKVILLE CENTER, NY 11510

Title: TC () Delete
Name: ELLMAN, GOLDIE
Address: 12 CELIA COURT
City-St-Zip: SUFFERN, NY 10901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHWARTZ, BARRY A
Address: 166-25 POWELLS COVE BLVD, APT. 14A
City-St-Zip: BEECHURST, NY 11357

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENE KENVIN

PRES

01/11/2005

Electronic Signature of Signing Officer or Director

Date