## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000005049

Entity Name: DAVE'S CAVE LTD., INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Bu	ısiness:
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SIGMA BLDG. SMITH RD, P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN

CAYMAN ISLANDS, B.W.I.,

**Current Mailing Address:** 

SIGMA BLDG. SMITH RD, P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, B.W.I.,

FEI Number: 98-0214954

FEI Number Applied For ( )

New Mailing Address:

62 SIMMONS WAY

P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS,, BW

**New Principal Place of Business:** 

GRAND CAYMAN KY1-1110, BW

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD., SUITE 1600 MIAMI, FL 33131 US

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD () Delete Name: CORBIN, ROGER A

Address: SIMMONS WAY, GEORGETOWN

City-St-Zip: GRAND CAYMAN, B.W.I.,

 Title:
 D
 ( ) Delete

 Name:
 CORBIN, M. ROSALEEN

 Address:
 SIMMONS WAY, GEORGETOWN

City-St-Zip: GRAND CAYMAN, B.W.I.,

Title: S ( ) Delete Name: REID, ANDREW

Address: UGLAND HOUSE S CHR. ST GEO.TOWN

City-St-Zip: GRAND CAYMAN, B.W.I.,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: CORBIN, ROGER A

Address: SIMMONS WAY, GEORGETOWN

City-St-Zip: GRAND CAYMAN,, BW

Title: D (X) Change () Addition

Name: CORBIN, M. ROSALEEN

Address: SIMMONS WAY, GEORGE TOWN

City-St-Zip: GRAND CAYMAN,, BW

Title: S (X) Change ( ) Addition

Name: REID, ANDREW

Address: UGLAND HOUSE S CHR. ST GEO.TOWN

City-St-Zip: GRAND CAYMAN,, BW

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER A. CORBIN

PD

04/07/2009

Date