

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90106 031 \*\*\*150.00

**DOCUMENT # K46788**

1. Entity Name  
**CAVENDISH HOLDINGS, INC.**



Principal Place of Business <b>ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301 US</b>	Mailing Address <b>ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301 US</b>
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**50010870**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0082550**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANELLA, ROSS H ESQ.  
ONE EAST BROWARD BLVD.  
SUITE 1010  
FORT LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
POLGER, SYLVIA  
1980 QUEST RUE SHERBROOKE SUITE #200  
MONTREAL, QUEBEC, CA H3H 1E8**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
POLGER, SYLVIA  
6800 MacDonald Ave., Suite 1405  
Montreal, Quebec, Canada, H3X 3Z2**

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sylvia Polger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 2006  
Date

514-731-9980  
Daytime Phone #