2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016286

Name:

Address:

City-St-Zip:

ENNIS, CIARAN

14359 MIRAMAR PKWY, #234

MIRAMAR, FL 33027 US

Entity Name: C & A INVESTMENT GROUP, LLC

FILED Jul 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14359 MIRAMAR PKWY #234 MIRAMAR, FL 33027 **New Mailing Address: Current Mailing Address:** 14359 MIRAMAR PKWY #234 MIRAMAR, FL 33027 US FEI Number: 01-0813661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENNIS, CIARAN 14359 MIRAMAR PKWY #234 MIRAMAR, FL 33027 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KALIMI, AVNER Name: Name: Address: 3310 OAK DRIVE Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KALIMI, JAMEE M Name: Address: 3310 OAK DRIVE Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BASIL, STACEY Name: Name: 14359 MIRAMAR PKWY, #234 Address: Address: City-St-Zip: MIRAMAR, FL 33027 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: STACEY BASIL MGRM 07/21/2005