

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 033 ***150.00

DOCUMENT # L94595

1. Entity Name
C.A. TECHNOLOGY, INC.



Principal Place of Business
% O. TRETIAKOFF
9500 S. OCEAN DR., ISLANDIA 2
JENSEN BEACH, FL 34957

Mailing Address
% O. TRETIAKOFF
9500 S. OCEAN DR., ISLANDIA 2
JENSEN BEACH, FL 34957

94048968



2. Principal Place of Business
10410 S. OCEAN DR.

Suite, Apt. #, etc. **802**

City & State
JENSEN BEACH, FL

Zip **34957** Country **USA**

3. Mailing Address
10410 S. OCEAN DR.

Suite, Apt. #, etc. **802**

City & State
JENSEN BEACH, FL

Zip **34957** Country **USA**

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0226593

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRETIAKOFF, OLEG
9500 S OCEAN DRIVE ISLAND 2
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name **TRETIAKOFF, OLEG**

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

10410 S. OCEAN DR. # 802

City **JENSEN BEACH FL** Zip Code **34957**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TRETIAKOFF, OLEG**
STREET ADDRESS **9500 S. OCEAN DR., ISLANDIA 2**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10410 S. OCEAN DR. # 802**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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:

TRETIAKOFF, OLEG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-07-2004