

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2004 8:00 am**  
**Secretary of State**

06-30-2004 90024 001 \*\*\*\*61.25  
06-30-2004 90024 002 \*\*\*\*\*8.75

DOCUMENT # N00000003273

1. Entity Name  
C.A.D.I.L.L.A.C. CORP.



Principal Place of Business  
16510 SOUTH WEST 104 AVENUE  
MIAMI, FL 33157

Mailing Address  
16510 SOUTH WEST 104 AVENUE  
MIAMI, FL 33157

66429230



2. Principal Place of Business

2811 NW 211 Street

Suite, Apt. #, etc.

3. Mailing Address

2811 NW 211 Street

Suite, Apt. #, etc.

06102004

Chg-NP

CR2E037 (10/03)

City & State

miami: 71

City & State

miami: 71

4. FEI Number

65-1009561

Applied For

Not Applicable

Zip

33056

Country

DADE

Zip

33056

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARREN, WILEY ALVAREZ  
16510 SOUTH WEST 104 AVENUE  
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name WILEY ALVAREZ WARREN

Street Address (P.O. Box Number is Not Acceptable)  
2811 NW 211 Street

City miami:

FL

Zip Code 33056

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 WILEY ALVAREZ WARREN

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

(NOTE: Registered Agent signature required when reinstating)

Wiley Alvarez Warren

6/28/04

DATE

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WARREN, WILEY ALVAREZ ☐ Delete  
STREET ADDRESS 16510 SOUTH WEST 104 AVENUE  
CITY-ST-ZIP MIAMI, FL 33157

TITLE VS ☒ Delete  
NAME LEWIS, SHAWN  
STREET ADDRESS 13410 SW 256 ST  
CITY-ST-ZIP MIAMI, FL 33032

TITLE D ☒ Delete  
NAME LEWIS, SHAWN  
STREET ADDRESS 13410 SOUTH WEST 256 STREET  
CITY-ST-ZIP MIAMI, FL 33032

TITLE T ☒ Delete  
NAME STUBBS, JOHNNY L  
STREET ADDRESS 1399 NW 56 ST  
CITY-ST-ZIP MIAMI, FL 33142

TITLE C ☒ Delete  
NAME SPARKS, LINDSAY  
STREET ADDRESS 15800 W BUNCHE PK DR  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE C ☐ Delete  
NAME WARD, KENNETH L  
STREET ADDRESS 135 NE 120 ST  
CITY-ST-ZIP MIAMI, FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME WARREN, WILEY ALVAREZ  
STREET ADDRESS 2811 NW 211 ST  
CITY-ST-ZIP miami: 71 33056

TITLE VS ☐ Change ☒ Addition  
NAME STUBBS, JOHNNY  
STREET ADDRESS 1399 NW 56 ST  
CITY-ST-ZIP MIAMI, FL 33142

TITLE T ☐ Change ☒ Addition  
NAME SPARKS, LINDSAY  
STREET ADDRESS 15800 W BUNCHE PK DR  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE C ☐ Change ☒ Addition  
NAME WARD, KENNETH L  
STREET ADDRESS 135 NE 120 ST  
CITY-ST-ZIP MIAMI, FL 33161

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-04

305-300-0413

Date

Daytime Phone #