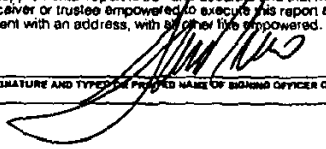


FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90102 019 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000009353		
1. Entity Name CACHO ENTERPRISES CORP.		
Principal Place of Business 245 S.E. 1ST ST., SUITE 403 MIAMI, FL 33131		Mailing Address 245 S.E. 1ST ST., SUITE 403 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FIORE, JOSE 245 SE 1ST STREET SUITE 403 MIAMI, FL 33131		66011396  03132008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0980985 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	FIORE, JOSE	
STREET ADDRESS	245 SE 1ST STREET, STE 403	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 signature and date.		
SIGNATURE:  JOSE FIORE 05/20/08 1786/425-3498 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		