

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077318

Entity Name: C.A.W., INC.

FILED  
Jul 16, 2007  
Secretary of State

## Current Principal Place of Business:

11555 HERON BAY BLVD.  
200  
CORAL SPRINGS, FL 33076

## New Principal Place of Business:

## Current Mailing Address:

11555 HERON BAY BLVD.  
200  
CORAL SPRINGS, FL 33076

## New Mailing Address:

FEI Number: 65-1039107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFARO, JOSE  
12482 NW 57TH STREET  
CORAL SPRINGS, FL 33076 US

## Name and Address of New Registered Agent:

ALFARO, JOSE  
8339 NW 125TH LANE  
PARKLAND, FL 33076 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: \_\_\_\_\_

07/16/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALFARO, JOSE  
Address: 12482 NW 57TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPTD ( ) Delete  
Name: ALFARO, CAROLINA  
Address: 12482 NW 57TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ALFARO, JOSE  
Address: 8339 NW 125TH LANE  
City-St-Zip: PARKLAND, FL 33076

Title: VPTD (X) Change ( ) Addition  
Name: ALFARO, CAROLINA  
Address: 8339 NW 125TH LANE  
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ALFARO

PD

07/16/2007

Electronic Signature of Signing Officer or Director

Date