## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000077318

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

FILED Jul 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11555 HERON BAY BLVD. 6072 NW 116 DR

CORAL SPRINGS, FL 33076 200

CORAL SPRINGS, FL 33076

**New Mailing Address: Current Mailing Address:** 

11555 HERON BAY BLVD. 6072 NW 116 DR

CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076

FEI Number: 65-1039107 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALFARO, JOSE ALFARO, JOSE L 8339 NW 125TH LANE 8239 NW 127TH LANE

PARKLAND, FL 33076 US US PARKLAND, FL 33076

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: JOSE L ALFARO 07/23/2008

> 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:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ALFARO, JOSE ALFARO, JOSE Name: Name: 8339 NW 125TH LANE 8239 NW 127TH LANE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: PARKLAND, FL 33076

( ) Delete Title: VPTD Title: VPTD (X) Change ( ) Addition

ALFARO, CAROLINA Name: Name: ALFARO, CAROLINA 8339 NW 125TH LANE Address: 6072 NW 116 DR Address: PARKLAND, FL 33076 CORAL SPRINGS, FL 33076 City-St-Zip: City-St-Zip:

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 L ALFARO PD 07/23/2008