


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000094229	
1. Entity Name CAC PROPERTIES, INC.	

Principal Place of Business 14005 NW 186 STREET HIALEAH, FL 33018	Mailing Address 14005 NW 186 STREET HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1046477	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DALE, CHARLES S 414 NE FOURTH STREET FORT LAUDERDALE, FL 33301	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JOSE L 14005 NW 186 ST HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARFFER, MICHAEL D 14005 NW 186 ST HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLEY, IGNACIO 14005 NW 186 ST HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIOS, GEORGE E 14005 NW 186 ST HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000281949
03/31/05-80022-025 158.75

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	George E RIOS Date	3/28/05 (305) 829-0700 Daytime Phone #
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