

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111591

1. Entity Name
CAVA DEVELOPMENT CORP.



FILED

04 APR 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8306 MILLS DR. #244
MIAMI, FL 33183

Mailing Address
8306 MILLS DR. #244
MIAMI, FL 33183

2. Principal Place of Business

947 N.E. 125 ST
Suite, Apt. #, etc.

3. Mailing Address

947 N.E. 125 ST
Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

90-0001529

Applied For

Not Applicable

Zip

33161

Country

Zip

33161

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRA, ANDRES
13534 S.W. 114 CT
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name PARRA, ANDRES

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

14955 S.W. 202 AV.

City MIAMI

FL

Zip Code

33196

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARRA, ANDRES
STREET ADDRESS 13534 SW 114 CT
CITY-ST-ZIP MIAMI, FL 33176

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PARRA, ANDRES
STREET ADDRESS 14955 S.W. 202 AV
CITY-ST-ZIP MIAMI, FL - 33196

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS 300034823353
CITY-ST-ZIP 04/30/04--01025--011 **158.75

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

04/22/04 (301) 7942765

Date

Daytime Phone #