


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90411 046 ***150.00

DOCUMENT # P01000118453

1. Entity Name
CAI ENTERPRISES CORPORATION



Principal Place of Business Mailing Address
8350 N.W. 52 TERRACE, #203 **P.O. BOX 695042**
MIAMI, FL 33166 **MIAMI, FL 33269-2042**

50012779

2. Principal Place of Business 3. Mailing Address
15869 SW 12 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03212006 Chg-P CR2E034 (11/05)

City & State City & State
PEMBROKE PINES FL
 Zip Country Zip Country
33027 **USA**

4. FEI Number Applied For
52-2364655 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEISS, LINDA
8350 N.W. 52 TERRACE, #203
MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
15869 SW 12 ST
PEMBROKE PINES FL Zip Code **33027**

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: Linda Weiss **LINDA WEISS** **21 MARCH 2006**
Signature, word or mark used to identify agent or director (NOTE: Registered Agent signature required when in attorney) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ANTUNA, MANUEL 12000 N BAYSHORE DR # 402 MIAMI, FL 33181	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WEISS, LINDA 15869 S.W. 12 STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowerments.

SIGNATURE: Linda Weiss **LINDA WEISS** **21 MARCH 2006** **1-305-819-0494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TO EXPIRE