

# 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  
8350 N.W. 52 TERRACE, #203  
MIAMI, FL 33166

Mailing Address  
P.O. BOX 695042  
MIAMI, FL 33269-2042

50012779

2. Principal Place of Business

15869 SW 12 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006

Chg-P

CR2E034 (11/05)

City & State

PEMBROKE PINES FL

City & State

4. FEI Number

52-2364655

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

Country

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 by registered agent to file this report

(NOTE: Registered Agent signature required when it is changed)

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

TITLE PD  
NAME ANTUNA, MANUEL ☐ Delete  
STREET ADDRESS 12000 N BAYSHORE DR # 402  
CITY ST ZIP MIAMI, FL 33181

TITLE SD  
NAME WEISS, LINDA ☐ Delete  
STREET ADDRESS 15869 S.W. 12 STREET  
CITY ST ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY ST ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

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 I 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: Linda Weiss LINDA WEISS

21 MARCH 2006 1-305-819494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE TO EXPIRE