2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068439

Entity Name: CAFA, CORP.

FILED Mar 25, 2006 Secretary of State

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

8360 SW 27 ST 362 N COUNTRY CLUB DR STE 104 AVENTURA, FL 33180

MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

16300 NE 19 AVE 5220 S. UNIVERSITY DR. SUITE C SUITE C-102 MIAMI, FL 33162 DAVIE, FL 33328

FEI Number: 03-0464554 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:

ACEVEDO, FRANCISO A
16300 NE 19 AVE.
SUITE C
N. MIAMI BEACH, FL 33162 US

ACEVEDO, FRANCISO A
5220 S. UNIVERSITY DR.
SUITE C-102
DAVIE, FL 33328 US

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: FRANCISCO ACEVEDO 03/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ACEVEDO, FRANCISCO A ACEVEDO, FRANCISCO A Name: Name: 8360 SW 27 ST STE 104 362 N COUNTRY CLUB DR Address: Address: AVENTURA, FL 33180 City-St-Zip: MIRAMAR, FL 33025 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition
Name: RINCON_CAROLINA Name: RINCON_CAROLINA

 Name:
 RINCON, CAROLINA
 Name:
 RINCON, CAROLINA

 Address:
 8360 SW 27 STE 104
 Address:
 362 N COUNTRY CLUB DR

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:
 AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCISCO ACEVEDO PD 03/25/2006