

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000112023**
1. Entity Name
CAHREY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAY 19 PM 2:43

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19001 NE 14 AVE
Suite, Apt. #, etc. **208**
City & State **MIAMI FL**
Zip **33179** Country **USA**

3. Mailing Address
19001 NE 14 AVE
Suite, Apt. #, etc. **208**
City & State **MIAMI FL**
Zip **33179** Country **USA**

300020055583
05/29/03--01006--017 **150.00

DO NOT WRITE IN THIS SPACE

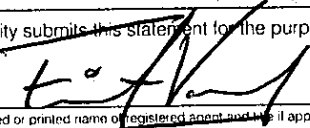
DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0648948** Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent
Name **FILBERT VARGAS**
Street Address (P.O. Box Number is Not Acceptable) **19001 NE 14 AVE SUITE #208**
MIAMI **33179**
City **FL** Zip Code

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) **5/16/03**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FILBERT VARGAS 19001 NE 14 AVE APT 208 MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



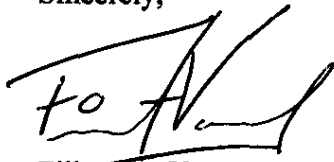
19001 N. E. 14 Ave Suite #208
Miami, FL 33179-4048
Tel: 305.303.3879
Fax: 305.944.1984
E-mail: cahrey@bellsouth.net

May 15, 2003

ATTN: Florida Department of State.

I Filbert A. Vargas president of CAHREY Inc. was suppose to filed for the annually corporation witch it was do on May 1st of this year. Unfortunately the address of the company was change, and because of this change I never receive a lot of important documents. One of the document that I was suppose receive was the annually corporation form. This is the reason why I was able to send it on time. I'm sending this letter and along with the check of \$150.00 to pay for the charges. My sincerely apologies for the problems that this may cause you, and if I can be in further assistance I can be reach at the address above.

Ones again thank you
Sincerely,



Filbert A. Vargas