

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000006785

1. Entity Name
CAVA ENTERPRISES, INC.



Principal Place of Business
13804 SW 56TH STREET
MIAMI, FL 33182

Mailing Address
13804 SW 56TH STREET
MIAMI, FL 33182

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
57-1147693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLADO, MARTHA
7407 S.W. 152 AVE., APT 205
MIAMI, FL 33193

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	COLLADO, MARTHA
STREET ADDRESS	7407 SW 152 AVE., APT. 205
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	PD
NAME	MARIA, LUIS
STREET ADDRESS	13102 NW 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000341624
04/29/05-80023-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *X Martha Collado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

285
4/24/2005 *388-2286*
Date Daytime Phone #