2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

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DOCUMENT # P03000006785 1. Entity Name CAVA ENTERPRISES, INC.		' 85				Secretary of Sta							
Principal Plac 13804 SW 5 MIAMI, FL 3	6TH STREET	Mailing Address 13804 SW 56TH STREET MIAMI, FL 33182											
			-										
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb 57-114		CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional							
	6. Name and Address of Current Re	gistered Agent	<u> </u>	o. comment		Fee Required							
SALAS, JORGE L 13804 SW 56TH STREET MIAMI, FL 33182			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				d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing \$5.00 May Be Added to Fees		U0000 05/29/08	0943300 -80053-022 150.00							
10.	OFFICERS AND DI	RECTORS											
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PDTS SALAS, JORGE 13804 SW 56TH STREET MIAMI, FL 33182												
TILLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREE! ADDRESS CITY-ST-ZIP		· · · · · ·		DO	NOT W	/RITE							
NAME STREET ADDRESS CITY+ST+ZIP			IN THIS SPACE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS			- 		•								

12. Thereby 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 trusted 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 attrichment with an address, with all other like empowered.

Date

Daytime Phone #

OR AD OTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE