

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|-----------------------------------------------------------------------------|---------|------------------------------------------------------------------|---------|
| DOCUMENT # P03000009039 | | | |
| 1. Entity Name CAAR, P.A. | | | |
| Principal Place of Business 8012 PORPOISE DRIVE MARATHON, FL 33050 US | | Mailing Address PO BOX 522457 MARATHON SHORES, FL 33050 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02262004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 68-0538879 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent HOLDINGA, ARJEN 8012 PORPOISE DRIVE MARATHON, FL 33050 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD HOLDINGA, ARJEN 8012 PORPOISE DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD HOLDINGA, CAMEY 8012 PORPOISE DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date: 4-13-04 Daytime Phone #: 305-304-6204



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CAAR, P.A.
P.O. Box 522457
Marathon Shores, FL 33052-2457
(305) 304-6204
CAAR@bellsouth.net

April 13, 2004

Dear Sir or Madam,

Enclosed you will find a copy of our company's annual report. We received your letter stating that we needed to include the FEI number on our form. Please accept our apologies for this oversight. Unfortunately, the copy of the original sent by your office has been misplaced; therefore, we are sending you a copy from our records. We sent a check in the amount of \$150.00 previously.

Sincerely,

Cami H. Holdinga

Cami Holdinga
Vice President, CAAR, P.A.