


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 045 ***150.00

DOCUMENT # P03000020539

1. Entity Name
CAOMA CORP.



Principal Place of Business
**14316 COLONIAL GRAND BLVD
 APT. 3109
 ORLANDO, FL 32837**

Mailing Address
**1350 E. VINE STREET
 KISSIMMEE, FL 34744**

2. Principal Place of Business
1350 E VINE ST

Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA

City & State
 City

Zip
34744

Country
OSCEOLA

Zip
 Country



05042005 Chg-P CR2E034 (10/03)

4. FEI Number
86-1050787

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SANS, CARLOS E
 14316 COLONIAL GRAND BLVD
 APT. 3109
 ORLANDO, FL 32837**

7. Name and Address of New Registered Agent
 Name
CARLOS SANS
 Street Address (P.O. Box Number is Not Acceptable)
1350 E VINE ST
 City
KISSIMMEE FL Zip Code
34744

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]* DATE **4/30/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete SANS, CARLOS E 14316 COLONIAL GRAND BLVD, APT. 3109 ORLANDO, FL 32837	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete SANS, OMAIRA 14316 COLONIAL GRAND BLVD, APT. 3109 ORLANDO, FL 32837	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* DATE **4/30/05** DAYTIME PHONE # **407-870-9423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR