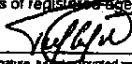


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90364 011 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                    |                                                                                                                                                                                                                             |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000046046</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                    |                                                                                                                                                                                                                             |  |                                                                              |
| 1. Entity Name<br><b>CAYSOL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                    |                                                                                                                                                                                                                             |                                                                                   |                                                                              |
| Principal Place of Business<br><b>2742 SW 8 ST SUITE 202<br/>MIAMI, FL 33135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                    | Mailing Address<br><b>2742 SW 8 ST SUITE 202<br/>MIAMI, FL 33135</b>                                                                                                                                                        |                                                                                   |                                                                              |
| 2. Principal Place of Business<br><b>814 S.W. 27 AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                    | 3. Mailing Address<br><b>814 S.W. 27 AVE</b>                                                                                                                                                                                |                                                                                   |                                                                              |
| Suite, Apt. #, etc.<br><b># 208</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                    | Suite, Apt. #, etc.<br><b># 208</b>                                                                                                                                                                                         |                                                                                   |                                                                              |
| City & State<br><b>MIAMI-FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                    | City & State<br><b>MIAMI-FL</b>                                                                                                                                                                                             |                                                                                   |                                                                              |
| Zip<br><b>33135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | Country<br><b>Dade</b>                                                             |                                                                                                                                                                                                                             | Zip<br><b>33135</b>                                                               |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      | Country<br><b>Dade</b>                                                             |                                                                                                                                                                                                                             |                                                                                   |                                                                              |
| 4. FEI Number<br><b>043754418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                    |                                                                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                    |                                                                                                                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>CASTILLO, TULIO<br/>2742 SW 8 ST SUITE 202<br/>MIAMI, FL 33135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                    | 7. Name and Address of New Registered Agent<br>Name <b>CASTILLO, TULIO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>814 S.W. 27 AVE # 208</b><br>City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33135</b> |                                                                                   |                                                                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                    |                                                                                                                                                                                                                             | DATE <b>4-8-04</b>                                                                |                                                                              |
| Signature, by printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                    |                                                                                                                                                                                                                             |                                                                                   |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                       |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>CASTILLO, TULIO<br>2742 SW 8 ST SUITE 202<br>MIAMI, FL 33135    | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <b>CASTILLO, TULIO</b><br><b>814 S.W. 27 AVE # 208</b><br><b>MIAMI-FL 33135</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>SOLORZANO, SAMUEL<br>2742 SW 8 ST SUITE 202<br>MIAMI, FL 33135 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <b>SOLORZANO, SAMUEL</b><br><b>814 S.W. 27 AVE # 208</b><br><b>MIAMI-FL 33135</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 <b>4-8-04</b>                                                                |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                    |                                                                                                                                                                                                                             | Date Daytime Phone #                                                              |                                                                              |