


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 008 \*\*\*150.00

<b>DOCUMENT # P03000046046</b> 1. Entity Name <b>CAYSOL, INC.</b>					
Principal Place of Business <b>814 SW 27 AVE #208</b> <b>MIAMI, FL 33135</b>			Mailing Address <b>814 SW 27 AVE #208</b> <b>MIAMI, FL 33135</b>		
2. Principal Place of Business - No P.O. Box # <b>10871 S W 188 S T</b> Suite, Apt. #, etc. <b>UNIDAD # 31</b>		3. Mailing Address <b>10871 S W 188 S T</b> Suite, Apt. #, etc. <b>UNIDAD # 31</b>		02052007    Chg-P    CR2E034 (12/06)	
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>		4. FEI Number <b>04-3754418</b>	
Zip <b>33157--</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTILLO, TULIO</b> <b>814 SW 27 AVE #208</b> <b>MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name <b>CASTILLO, TULIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>10871 S W 188 S T UNIDAD # 31</b> City <b>MIAMI, FL</b> Zip Code <b>33157</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 <u><i>Tulio Castillo</i></u> DATE <u>2-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, TULIO 814 SW 27 AVE #208 MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CASTILLO, TULIO 10871 SW 188 ST Unidad # 31 MIAMI FL 33157-6744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLORZANO, SAMUEL 814 SW 27 AVE #208 MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CASTILLO TULIO 10871 SW 188 ST Unidad # 31 MIAMI FL 33157-6744	<input checked="" 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
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
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
12. I hereby 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 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: <u><i>Tulio Castillo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-5-07</u> Daytime Phone # _____		