


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90419 001 \*\*\*150.00  
04-11-2005 90419 002 \*\*\*\*\*8.75

DOCUMENT # P03000080756		
1. Entity Name CAYUTEK, CORP.		

Principal Place of Business 1865 79TH STREET CAUSEWAY 7-I NORTHBAY VILLAGE, FL 33141	Mailing Address 1865 79TH STREET CAUSEWAY 7-I NORTHBAY VILLAGE, FL 33141
---	---

2. Principal Place of Business 3128 NW 101 PLACE Suite, Apt. #, etc.	3. Mailing Address 3128 NW 101 PLACE Suite, Apt. #, etc.
--	--

City & State DORAL, FL	City & State DORAL, FL
Zip 33172	Zip 33172
Country USA	Country USA



04042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0132255	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ILLUECA, ADAN A 1865 79TH STREET CAUSEWAY 7-I NORTHBAY VILLAGE, FL 33141	7. Name and Address of New Registered Agent Name Adan A. ILLUECA Street Address (P.O. Box Number is Not Acceptable) 3128 NW 101 PLACE City DORAL FL Zip Code 33172
--	---

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 Adan Arturo ILLUECA 04/01/05  
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 After May 1, 2005 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	P ILLUECA, ADAN A 1865 79TH STREET CAUSEWAY APT. 7-I NORTHBAY VILLAGE, FL 33141 <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	VP HOYOS, ALVARO J 211 PHOENETIA #24 CORAL GABLES, FL 33134 <input checked="" 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
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 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: Adan Arturo ILLUECA 04/01/05 305-670-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #