


FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91059 011 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000086904			
1. Entity Name C&A DEL SUR ENTERPRISES, INC.		Secretary of State 05-03-2004 91059 011 ***150.00	
Principal Place of Business 19355 NE 10TH AVE BLDG.3 AP#116 NORTH MIAMI BEACH FL 33179		Mailing Address 19355 NE 10TH AVE BLDG.3 AP#116 NORTH MIAMI BEACH FL 33179	
2. Principal Place of Business 19499 NE 10th Av Bldg 2		3. Mailing Address	
Suite, Apt. #, etc. Ap # 401		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33179	Country US	Zip	Country
6. Name and Address of Current Registered Agent PETITFOUR, CARLOS E SR 19355 NE 10TH AVE BLDG.3 AP#116 NORTH MIAMI BEACH FL 33179		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
Zip Code		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.		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	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 PETITFOUR, CARLOS E SR 19355 NE 10TH AVE BLDG.3 AP#116 NORTH MIAMI BEACH FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Petitfour Carlos E 19499 NE 10th Av Bldg 2 Ap 401 Miami FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARR, ALVARO F SR 730 81ST STREET AP#4 MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 04-30-04	
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARLOS PETITFOUR		Daytime Phone # (986) 443-0726	