

2005 FOR PROFIT CORPORATION ANNUAL REPORT


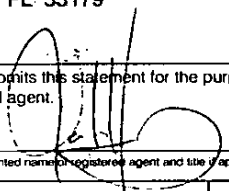
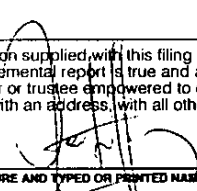
FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90129 039 ***150.00

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04132005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000086904 1. Entity Name C&A DEL SUR ENTERPRISES, INC.					
Principal Place of Business 19499 NE 10TH AVE., BLDG. 2 APT. #401 MIAMI, FL 33179 US			Mailing Address 19355 NE 10TH AVE BLDG.3 AP#116 NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business 100 KINGS POINT DR Suite, Apt. #, etc. APT 617		3. Mailing Address 100 KINGS POINT DR Suite, Apt. #, etc. APT 617		4. FEI Number 20-0143455	
City & State SUNNY ISLES FL		City & State SUNNY ISLES FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33160	Country	Zip 33160	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 CARLOS E. PETITFOUR Street Address (P.O. Box Number is Not Acceptable) 100 KINGS POINT DR APT 617 City SUNNY ISLES FL Zip Code 33160	
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:  CARLOS E. PETITFOUR , PRESIDENT 4/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 PETITFOUR, CARLOS E SR 19499 NE 10TH AVE. BLDG. 2, APT. 401 MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS E. PETITFOUR 100 KINGS POINT DR APT 617 SUNNY ISLES FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARR, ALVARO F SR 730 81ST STREET AP#4 MIAMI BEACH, FL 33141	<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
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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:  CARLOS E. PETITFOUR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/05 (786) 443-0726 <small>Date Daytime Phone #</small>		