


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90167 033 \*\*\*150.00

**DOCUMENT # P03000086904**

1. Entity Name  
**C&A DEL SUR ENTERPRISES, INC.**



Principal Place of Business 100 KINGS POINT DR APT. #617 NORTH MIAMI BEACH, FL 33160 US	Mailing Address 100 KINGS POINT DR APT. #617 NORTH MIAMI BEACH, FL 33160 US
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2. Principal Place of Business 6523 NW 170 LANE Suite, Apt. #, etc.	3. Mailing Address 6523 NW 170 LANE Suite, Apt. #, etc.
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City & State MIAMI LAKES FL	City & State MIAMI LAKES FL
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Zip 33015	Country	Zip 33015	Country
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02212006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-0143455

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

PETITFOUR, CARLOS E SR  
 100 KINGS POINT DR  
 APT 617  
 NORTH MIAMI BEACH, FL 33160

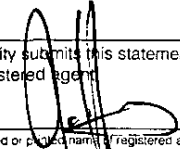
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 6523 NW 170 LANE

City MIAMI LAKES FL Zip Code 33015

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 2/21/06

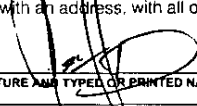
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PETITFOUR, CARLOS E SR		NAME	
STREET ADDRESS 100 KINGS POINT DR. APT 617		STREET ADDRESS 6523 NW 170 LANE	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP MIAMI LAKES FL 33015	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  CARLOS E. PETITFOUR, PRESIDENT 2/21/06 (786) 443-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #