


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2007 90104 009 \*\*\*150.00

<b>DOCUMENT # P03000118143</b> 1. Entity Name <b>CAJANCA PROPERTIES INC.</b>					
Principal Place of Business <b>1314 E LAS OLAS BLVD 285 FORT LAUDERDALE, FL 33301</b>				Mailing Address <b>806 DOUGLAS ROAD STE 580 MIAMI, FL 33134</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>806 Douglas Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 580</b>			
City & State		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>20-0375569</b>	
Zip <b>33134</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENT CORPORATE SERVICES INC 806 DOUGLAS RD STE 580 MIAMI, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Registered Agent Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 Douglas Road</b> <b>Suite 580</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</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>[Signature]</i></u> DATE <u>1/16/07</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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D PULGAR, CARMEN C 1314 E LAS OLAS BLVD, SUITE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMEN, LAURIA C 1314 E LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESUS, LAURIA AP 1314 LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONIO, LAURIE 1314 E LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREAS, LAURIA I 1314 E LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JESUS A. LAURIA P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTONIO LAURIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDRES LAURIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<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>[Signature]</i></u>		4/25/2007 954 6533120			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			