


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90106 002 \*\*\*150.00

<b>DOCUMENT # P03000135932</b>	
1. Entity Name <b>CASKAL INC. OF FLORIDA</b>	

Principal Place of Business <b>933 RIDGE STREET LAKE WORTH FL 33460 US</b>	Mailing Address <b>933 RIDGE STREET LAKE WORTH FL 33460 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>9239 ARTIST PLACE LAKE WORTH FLA 33467</b>	3. Mailing Address <b>9239 ARTIST PLACE LAKE WORTH FLA 33467</b>
Suite, Apt. #, etc. <b>LAKE WORTH</b>	Suite, Apt. #, etc. <b>LAKE WORTH</b>
City & State <b>FLA</b>	City & State <b>FLA</b>
Zip <b>33467</b>	Country <b>USA</b>

4. FEI Number <b>16-1688245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STEIN, CAROL A 933 RIDGE STREET LAKE WORTH FL 33460</b>	7. Name and Address of New Registered Agent <b>9239 ARTIST PLACE LAKE WORTH FL 33467</b>
	Name <b>STEIN, CAROL A</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>9239 ARTIST PLACE</b>
	City <b>FL</b> Zip Code <b>33467</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 *Carol Stein* DATE 4-27-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEIN, CAROL A</b>	<b>9239 ARTIST PLACE</b>	NAME <b>STEIN, CAROL A</b>	
STREET ADDRESS <b>933 RIDGE STREET</b>	<b>LAKE WORTH FL 33460</b>	STREET ADDRESS <b>933 RIDGE STREET</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	<b>LAKE WORTH FL 33467</b>	CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEIN, CAROL A</b>	<b>9239 ARTIST PLACE</b>	NAME <b>STEIN, CAROL A</b>	
STREET ADDRESS <b>933 RIDGE STREET</b>	<b>LAKE WORTH FL 33460</b>	STREET ADDRESS <b>933 RIDGE STREET</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	<b>LAKE WORTH FL 33467</b>	CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete	TITLE <b>SEC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LATOUR, KIMBERLY A</b>	<b>9239 ARTIST PLACE</b>	NAME <b>LATOUR, KIMBERLY A</b>	
STREET ADDRESS <b>933 RIDGE STREET</b>	<b>LAKE WORTH FL 33460</b>	STREET ADDRESS <b>933 RIDGE STREET</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	<b>LAKE WORTH FL 33467</b>	CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>TRE</b>	<input type="checkbox"/> Delete	TITLE <b>TRE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LATOUR, KIMBERLY A</b>	<b>9239 ARTIST PLACE</b>	NAME <b>LATOUR, KIMBERLY A</b>	
STREET ADDRESS <b>933 RIDGE STREET</b>	<b>LAKE WORTH FL 33460</b>	STREET ADDRESS <b>933 RIDGE STREET</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	<b>LAKE WORTH FL 33467</b>	CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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: *CAROL STEIN* *Carol Stein* 4-27-05 561-386-5456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #