
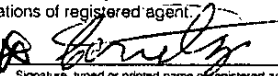
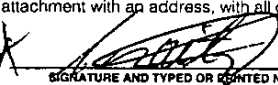


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90289 039 ***150.00

DOCUMENT # P04000028300 1. Entity Name C.A.W. CONSTRUCTION, INC.					
Principal Place of Business 100 BAYVIEW DR., APT. 1210 SUNNY ISLAND, FL 33160			Mailing Address 100 BAYVIEW DR., APT. 1210 SUNNY ISLAND, FL 33160		
2. Principal Place of Business 13480 NE 64 Ave # 112		3. Mailing Address 13480 NE 64 Ave # 112			
Suite, Apt. #, etc. NORTH MIAMI FLORIDA		Suite, Apt. #, etc. NORTH MIAMI FLORIDA			
City & State NORTH MIAMI FLORIDA		City & State NORTH MIAMI FLORIDA		4. FEI Number 20-0753383	
Zip 33161		Country MIAMI DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAITZEL, CHRISTIAN A 100 BAYVIEW DR., APT. 1210 SUNNY ISLAND, FL 33160		7. Name and Address of New Registered Agent Name CARLOS A Waitzel Street Address (P.O. Box Number is Not Acceptable) 13480 NE 64 Ave # 112 City NORTH MIAMI FL Zip Code 33161			
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 A. Waitzel (PR) 2/22/05 <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 WAITZEL, CHRISTIAN A 100 BAYVIEW DR., APT. 1210 SUNNY ISLAND, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARLOS AURELIO WAITZEL 13480 NE 64 Ave # 112 NORTH MIAMI, FLORIDA 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT HIGUERA CASTILLO 13480 NE 64 Ave, # 112 NORTH MIAMI, FLORIDA 33161	<input type="checkbox"/> Change <input checked="" 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		
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		
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 			02/22/05 786-355-8684 <small>Date Daytime Phone #</small>		