

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90110 030 \*\*\*150.00

<b>DOCUMENT # P04000043135</b> 1. Entity Name <b>DELUGA CAVIAR, INC.</b>			
Principal Place of Business <b>1535 MADISON ST HOLLYWOOD, FL 33020</b>		Mailing Address <b>1535 MADISON ST HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business <b>730 W. HALLANDELE SUITE, Apt. #, etc. BRACH BLVD</b>		3. Mailing Address <b>1720 HARRISON ST. SUITE, Apt. #, etc. 18-A</b>	
City & State <b>HALLANDALE</b>		City & State <b>HOLLYWOOD</b>	
Zip <b>33009</b>		Zip <b>33020</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>	
4. FEI Number <b>04282005</b>		Chg-P <b>CR2E034 (10/03)</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <b>JOLANTA SARIS-SZYFTER</b> <b>9-2-2005</b> <b>04-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSTD</b>	NAME <b>SARIS-SZYFTER, JOLANTA</b>	<input type="checkbox"/> Delete	TITLE _____
STREET ADDRESS <b>1535 MADISON ST</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
TITLE <b>CEO</b>	NAME <b>SARIS-SZYFTER, JOLANTA</b>	<input type="checkbox"/> Delete	STREET ADDRESS _____
STREET ADDRESS <b>1535 MADISON ST</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP _____
TITLE <b>V</b>	NAME <b>DEAUGUST, BARBORA</b>	<input checked="" type="checkbox"/> Delete	TITLE _____
STREET ADDRESS <b>1535 MADISON ST</b>	CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
TITLE _____	NAME _____	<input type="checkbox"/> Delete	STREET ADDRESS _____
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP _____
TITLE _____	NAME _____	<input type="checkbox"/> Delete	TITLE _____
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
TITLE _____	NAME _____	<input type="checkbox"/> Delete	STREET ADDRESS _____
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP _____
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: <b>JOLANTA SARIS-SZYFTER</b>		04-29-05 921-6778	