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Sep 14, 2005 8:00 am
Secretary of State

08-15-2005 90081 018 ***158.75

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000053639

1. Entity Name
SAN CAYETANO SERVICES, INC.

66027306

Principal Place of Business	Mailing Address
250 NE 105TH ST. MIAMI, FL 33138	250 NE 105TH ST. MIAMI, FL 33138

07112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
250 NE 105 st		250 NE 105 st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Shores		City & State: Miami Shores FL	
Zip: FL 33138	Country: USA	Zip: 33138	Country: USA

4. FEI Number: 20-1036134 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATUS, FABIAN
250 NE 105TH ST.
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________________
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATUS, FABIAN 250 NE 105TH ST. MIAMI, FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: FABIAN MATOS 8-01-05 305 310-1848

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