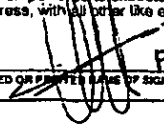


FILED
Sep 14, 2005 8:00 am
Secretary of State

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08-15-2005 90081 018 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000053639			
1. Entity Name SAN CAYETANO SERVICES, INC.			
Principal Place of Business 250 NE 105TH ST. MIAMI, FL 33138		Mailing Address 250 NE 105TH ST. MIAMI, FL 33138	
2. Principal Place of Business 250 NE 105 ST		3. Mailing Address 250 NE 105 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Shores		City & State Miami Shores FL	
Zip 33138		Zip 33138	
Country USA		Country USA	
4. FEI Number 20-1036134		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		07112005 Chg-P CR2E034 (10/03)	
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 _____ (NOTE: Registered Agent signature required when relocating) 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	
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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	