


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000076333**  
 1. Entity Name  
**CALEB-AVA INVESTMENTS CORP.**



Principal Place of Business      Mailing Address  
**6905 WEST 29 AVENUE**      **6905 WEST 29 AVENUE**  
**HIALEAH, FL 33018**      **HIALEAH, FL 33018**



01082006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-1111072**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CACERES, RAMON F**  
**6905 WEST 29 AVENUE**  
**HIALEAH, FL 33018**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE      **P**  
 NAME      **CACERES, JORGE**  
 STREET ADDRESS      **6905 WEST 29 AVENUE**  
 CITY-ST-ZIP      **HIALEAH, FL 33018**

TITLE      **VP**  
 NAME      **CACERES, RAMON F**  
 STREET ADDRESS      **6905 WEST 29 AVENUE**  
 CITY-ST-ZIP      **HIALEAH, FL 33018**

TITLE      **S**  
 NAME      **CACERES, MARIA J**  
 STREET ADDRESS      **6905 WEST 29 AVENUE**  
 CITY-ST-ZIP      **HIALEAH, FL 33018**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 NAME  
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 CITY-ST-ZIP

100000405379  
 02/07/06-80022-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ramon F. Caceres      Date: 01/19/06      Daytime Phone #: 305-558-8285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR