## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000091864

1. Entity Name CAY AGRI VENTURES, INC.



Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

1000 SW 12 ST

#304

FORT LAUDERDALE, FL 33315

Mailing Address

1000 SW 12 ST

#304

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33315



04192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1308494

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERG, DAVID T 555 N.E. 15TH STREET PENTHOUSE A MIAMI, FL. 33132

## DO NOT WRITE IN THIS SPACE

PENTHOUSE A MIAMI, FL 33132				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				Agent signature required when rainstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu	-		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MORGAN J 1000 SW 12 ST #304 FORT LAUDERDALE, FL 33315					U00000741815		
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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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 troe 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 of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAI

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

s-Keir

Date Daytime Phone