

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90002 002 \*\*\*158.75

**DOCUMENT # P04000110245**

1. Entity Name

CACHI-VACHES INC.



Principal Place of Business

6836 MAIN ST  
HIALEAH FL 33014

Mailing Address

6860 GLENEAGLE DR  
MIAMI LAKES FL 33014

2. Principal Place of Business - No P.O. Box #

6855 MAIN ST.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

57-1210813

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

BENITEZ, IDANIA C  
6860 GLENEAGLE DR.  
MIAMI LAKES FL 33014

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 the filer, if applicable.

(NOTE: Registered Agent signature required when rechartering.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> Delete |
| NAME           | BENITEZ, IDANIA C    |                                 |
| STREET ADDRESS | 6860 GLENEAGLE DR.   |                                 |
| CITY-STATE-ZIP | MIAMI LAKES FL 33014 |                                 |
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | RINEHART, ODALYS B   |                                 |
| STREET ADDRESS | 6860 GLENEAGLE DR.   |                                 |
| CITY-STATE-ZIP | MIAMI LAKES FL 33014 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

305-970-7838

Date

Daytime Phone