


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2005 90091 001 ***158.75

DOCUMENT # P04000116012 1. Entity Name DUCADOS INVESTMENTS INC.					
Principal Place of Business 13535 SW 9 TH. LANE MIAMI, FL 33184 US				Mailing Address 13535 SW 9 TH. LANE MIAMI, FL 33184 US	
2. Principal Place of Business 8281 NW 66 St. Suite, Apt. #, etc.		3. Mailing Address 16040 SOUTH POST Rd APT. 104 Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State WESTON, FL		4. FEI Number 20-1659293	
Zip 33166		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRAL-CUELLO, AUDREY M 16200 SOUTH POST ROAD APT. 102 WESTON, FL 33331				7. Name and Address of New Registered Agent Name CABRAL - DUARTE, Audrey M Street Address (P.O. Box Number is Not Acceptable) 16040 SOUTH POST Rd. APT. 104 City WESTON FL Zip Code 33331	
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 Audrey Cabral-Duarte (President) <i>Audrey Cabral</i> April, 11 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CABRAL-CUELLO, AUDREY M 16200 SOUTH POST ROAD APT. 102 WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRAL - DUARTE, Audrey M. 16040 SOUTH POST Rd. APT. 104 WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICART, ALMA G 16200 SOUTH POST RD., APT. 102 WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Audrey Cabral-Duarte <i>Audrey Cabral</i> April 11, 2005 754-368-0125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					