## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P04000159706  1. Entity Name US-CAY CORP.					03-13-2006 90079 011 ***150.00				
Principal Plac	e of Business	Mailing Address							
6661 SW 137 CT STE 8D MIAMI, FL 33183		6661 SW 137 CT STE 8D MIAMI, FL 33183			100				
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-P	CR2E034	l (11/05)	
City & State		City & State		<del>, , , .</del>	4. FEI Numbe	FOR 51-	053014	3 Ap	plied For t Applicable
Ζip	Country	Zip	Zip Count		5. Certificate of	of Status Desired		8.75 Add se Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
SPIEGEI A	SPIEGEL & UTRERA, P.A.			Name					
1840 SW 2 4TH FLOO	2ND ST. R 3000	-		Street Address	(P.O. Box Number is Not Acceptable)				
MIAMI, FL 33145									
	•	City		City			FL	Zip Code	Э
SIGNATURE_ FILL After Ma	Signature, typed or printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$556	9. Election Cam	paign Fina		ed when reinstating)  5.00 May Be Ided to Fees		DATE		
10.	<del></del>	D DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11
TITLE NAME STREET ADDRESS	PSTD ENG, ROBERT 6661 SW 137 CT STE 8D			1	Change Addition				
CITY-ST-ZIP			-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S			l l			[	Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ţ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	Delete	NAM STRO CITY	RE EET ADDRESS 7-ST-ZIP	ad in Chanter 110	Florida Statutan		Change that the in	Addition

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 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:

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR