
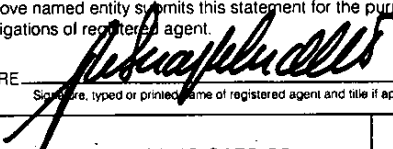


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 014 ***150.00

DOCUMENT # P05000053263 1. Entity Name CAFCO ESTATES INC.																																																																																																																																							
Principal Place of Business 2600 DOUGLAS ROAD SUITE 1100 CORAL GABLES, FL 33134		Mailing Address 2600 DOUGLAS ROAD SUITE 1100 CORAL GABLES, FL 33134																																																																																																																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2566 JARDIN WAY Suite, Apt. #, etc.																																																																																																																																					
City & State WESTON, Florida		4. FEI Number 20-8756644																																																																																																																																					
Zip 33327	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent GURIAN, JORGE L 2600 DOUGLAS ROAD SUITE 1100 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name REBECA REBOREDO Street Address (P.O. Box Number is Not Acceptable) 2566 JARDIN WAY City WESTON FL 33327																																																																																																																																					
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  (NOTE: Registered Agent signature required when reinstating) DATE 04/24/2008																																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANDOVAL, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2600 DOUGLAS ROAD SUITE 1100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">S</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RECINOS, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2600 DOUGLAS ROAD SUITE 1100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	SANDOVAL, ROBERTO		STREET ADDRESS	2600 DOUGLAS ROAD SUITE 1100		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	S	<input type="checkbox"/> Delete	NAME	RECINOS, ROBERTO		STREET ADDRESS	2600 DOUGLAS ROAD SUITE 1100		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																																					
NAME	SANDOVAL, ROBERTO																																																																																																																																						
STREET ADDRESS	2600 DOUGLAS ROAD SUITE 1100																																																																																																																																						
CITY-ST-ZIP	CORAL GABLES, FL 33134																																																																																																																																						
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																					
NAME	RECINOS, ROBERTO																																																																																																																																						
STREET ADDRESS	2600 DOUGLAS ROAD SUITE 1100																																																																																																																																						
CITY-ST-ZIP	CORAL GABLES, FL 33134																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
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 as 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 information empowered. SIGNATURE:  DATE 04/24/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																																																							

40084713



04242008 Chg-P CR2E034 (12/06)