

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-17-2007 90053 012 *****58.75
02-15-2007 90047 042 *****91.25

DOCUMENT # P06000098157

1. Entity Name
CAKW ENTERPRISES INC.



Principal Place of Business
501 SW 11TH PLACE
#113B
BOCA RATON, FL 33432-7143

Mailing Address
501 SW 11TH PLACE
#113B
BOCA RATON, FL 33432-7143

40018133



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

501 SW 11th Place #113B
Suite, Apt. #, etc.
#113B

3. Mailing Address

501 SW 11th Place
Suite, Apt. #, etc.
113B

01042007 Chg-P CR2E034 (12/06)

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. FEI Number
20-5272829

Applied For
Not Applicable

Zip
33432-7143

Country
Palm Beach

Zip
33432-7143

Country
Palm Beach

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, CAROLE A
501 SW 11TH PLACE
#113B
BOCA RATON, FL 33432-7143

7. Name and Address of New Registered Agent

Name
CAKW ENTERPRISES, Inc.
Street Address (P.O. Box Number is Not Acceptable)
501 SW 11th Place Ste 113B
Cormorant Gardens
City
Boca Raton FL Zip Code
33432-7143

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 Carole A Wilson

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1-10-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, CAROLE A K 501 SW 11TH PLACE #113B BOCA RATON, FL 334327143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 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: Carole A Wilson

Signature and typed or printed name of signing officer or director

1-10-07 SW-345-5729

Date

Daytime Phone #