

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124576

Entity Name: CACIQUE HOLDINGS USA, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

WELLESLEY CORPORATE PLAZA
7951 S.W. 6 STREET
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

WELLESLEY CORPORATE PLAZA
7951 S.W. 6 STREET
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 98-0517874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SAWYER, SHAWN M
Address: POST OFFICE BOX N-4941
City-St-Zip: NASSAU, BAHAMAS, FL 33324 US

Title: D () Delete
Name: SAWYER, SHAWN M
Address: POST OFFICE BOX N-4941
City-St-Zip: NASSAU, BAHAMAS, FL 33324 US

Title: SD () Delete
Name: SAWYER, KENNY
Address: POST OFFICE BOX N-4941
City-St-Zip: NASSAU, BAHAMAS, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN M. SAWYER

MR.

02/13/2009

Electronic Signature of Signing Officer or Director

Date