

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079559

Entity Name: LOUIS R. CAVE, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

21529 SW 89 PATH
MIAMI, FL 33189

New Principal Place of Business:

14520 SNAPPER DRIVE
CORAL GABLES, FL 33158

Current Mailing Address:

21529 SW 89 PATH
MIAMI, FL 33189

New Mailing Address:

14520 SNAPPER DRIVE
CORAL GABLES, FL 33158

FEI Number: 26-0511252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVE, LOUIS R
21529 SW 89 PATH
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

CAVE, LOUIS R
14520 SNAPPER DRIVE
CORAL GABLES, FL 33158 US

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: LOUIS CAVE

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAVE, LOUIS R
Address: 21529 SW 89 PATH
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAVE, LOUIS R
Address: 14520 SNAPPER DRIVE
City-St-Zip: CORAL GABLES, FL 33158

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: LOUIS CAVE

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date