## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 16, 2004 08:00 AM DOCUMENT # P92000005876 Secretary of State CAVACO SALES, INC. Principal Place of Business Mailing Address 6560 W ROGERS CIRCLE 6560 W ROGERS CIRCLE #14 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 No Chg-P 07132004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0381397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAVAYERO, STEPHEN B DO NOT WRITE 6876 QUEENFERRY CIRCLE BOCA RATON, FL 33496 IN THIS SPACE 5. 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent aignature required when reinstating) DATE in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE NAME CAVAYERO, STEPHEN B STREET ADORESS 6876 QUEENFERRY CIRCLE 000000166676 07/16/04-80006-016 150.00 CITY-ST-ZIP BOCA RATON, FL 33496 mb e D KAME CAVAYERO, AMY STREET ADDRESS 6876 QUEENFERRY CIRCLE CATY-ST-ZIP BOCA RATON, FL 33496 REF STREET ADDRESS DO NOT WRITE CRTY-ST-ZWP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP 313LE NAME STREET ADDRESS CITY-53-73P mle NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or septlemental 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 seceiver or truefee emprowared 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 attachnesh with an address, with all other like emprowered.

Daytime Phone #

ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \( \)