


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90021 020 ***150.00

DOCUMENT # P92000005876 1. Entity Name CAVACO SALES, INC.	
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Principal Place of Business 6560 W ROGERS CIRCLE #14 BOCA RATON, FL 33487 US	Mailing Address 6560 W ROGERS CIRCLE #14 BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0381397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAVAYERO, STEPHEN B
~~6876 QUEENFERRY CIRCLE~~ **16021 Quiet Vista Circle**
~~BOCA RATON, FL 33496~~ **Delray Beach, Florida 33446**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) DATE _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVAYERO, STEPHEN B 6876 QUEENFERRY CIRCLE 16021 Quiet Vista Circle BOCA RATON, FL 33496 Delray Beach, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVAYERO, AMY 6876 QUEENFERRY CIRCLE 16021 Quiet Vista Circle BOCA RATON, FL 33496 Delray Beach, Florida 33446
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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:  **4-30-07** **561-995-5996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #