2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000026467

1. Entity Name
CAYO HUESO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5750 2ND AVENUE	5750 2ND AVENUE
KEY WEST, FL 33040 D	KEY WEST, FL 33040 D

DO NOT WRITE IN THIS SPACE

04162005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0574732		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPOTTSWOOD, WILLIAM B
500 FLEMING STREET
KEY WEST, FL 33040

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_____
Signature, typed or printed name of reg'stered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BRINGLE, STEVEN A
STREET ADDRESS	19 AMARYLLIS
CITY-ST-ZIP	KEY WEST, FL 33040

U00000317737
04/20/05-80028-022 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: STEVEN A BRINGLE   4-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #