


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000027886 1. Entity Name C.A.D.E. OF BAL HARBOUR, CORP.	
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Principal Place of Business 10101 COLLINS AVENUE SUITE 15-A BAL HARBOUR, FL 33154	Mailing Address 10101 COLLINS AVENUE SUITE 15-A BAL HARBOUR, FL 33154
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DO NOT WRITE IN THIS SPACE



08062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0741374	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DRIVE, 2ND FLOOR NORTH MIAMI BEACH, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPOS, ESTER H 10101 COLLINS AVENUE, SUITE 15-A BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD D'ESPOSITO, LUIS S 10101 COLLINS AVENUE, SUITE 15-A BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/16/04-80005-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # _____</small>
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