

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 046 ***150.00

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02282005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000036050			
1. Entity Name CAYMAD INC.			
Principal Place of Business 620 MAJORCA AVENUE CORAL GABLES, FL 33134-3753 US		Mailing Address G/O GRUBER AND ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 522 FORT LAUDERDALE, FL 33308-1417 US	
2. Principal Place of Business		3. Mailing Address 620 MAJORCA AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip	Country
33134-3753	USA	33134-3753	USA
4. FEI Number 65-0677969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SNYDER, LARRY R 620 MAJORCA AVENUE CORAL GABLES, FL 33134-3753		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>L Snyder</i>		DATE: 3/2/05	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SNYDER, LARRY R 620 MAJORCA AVENUE CORAL GABLES, FL 331343753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>L Snyder</i>		DATE: 3/2/05 DAYTIME PHONE #: 305-445-2113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	