

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000074767

1. Entity Name
CACHAPE CORP.



Principal Place of Business
10090 S.W. 26TH STREET
MIAMI, FL 33165

Mailing Address
10090 S.W. 26TH STREET
MIAMI, FL 33165

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



01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0693237

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MARIA
10090 S.W. 26TH STREET
MIAMI, FL 33165

**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 *Maria Perez*
Signature, typed or printed name of registered agent and title if applicable.

MARIA PEREZ
(NOTE: Registered Agent signature required when reinstating)

3-12-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000090008
03/16/04-80013-012 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAIDON, ALEJANDRO 10090 SW 26 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SANZ, LIDIA S. 10090 SW 26 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: *ALEJANDRO PAIDON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04 *305-551-7996*

Date

Daytime Phone #