

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90019 043 \*\*\*150.00

<b>DOCUMENT # P96000076294</b>						
<b>1., Entity Name</b> <b>CAVERN DIRECT IMPORT INC.</b>						
<b>Principal Place of Business</b> 3123 W. KENNEDY BLVD TAMPA, FL 33609 US			<b>Mailing Address</b> 3123 W. KENNEDY BLVD TAMPA, FL 33609 US			
<b>2. Principal Place of Business</b> 8320 W. Hillsborough		<b>3. Mailing Address</b> 8320 W Hillsborough				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Tampa FL		<b>City &amp; State</b> Tampa FL		<b>4. FEI Number</b> 59-3402396		
<b>Zip</b> 33615		<b>Country</b> US		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>		
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b>  ESMKHANI, MOJTABA 4225 N HUBERT AVE TAMPA, FL 33614			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> ESMKHANI, MOJTABA		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3123 W. KENNEDY BLVD	<b>CITY-ST-ZIP</b> TAMPA, FL 33609		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 8320 W. Hillsborough Tampa FL 33615		
<b>TITLE</b> V	<b>NAME</b> HAJ, FRIDON		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3123 W KENNEDY BLVD	<b>CITY-ST-ZIP</b> TAMPA, FL 33609		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 8320 W. Hillsborough Tampa FL 33615		
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<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		
<b>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.</b>						
<b>SIGNATURE:</b> <u>M. Esmkhani</u>				3/12/05 813-889-8886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		