


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000043861</b> 1. Entity Name CACIQUE INTERNATIONAL CO.	
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Principal Place of Business 200 SW 124 AVE MIAMI, FL 33184	Mailing Address 200 SW 124 AVE MIAMI, FL 33184
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**DO NOT WRITE IN THIS SPACE**

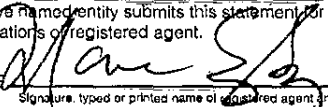


03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0753994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GONZALEZ, MARIA 200 SW 124 AVE MIAMI, FL 33184	<b>DO NOT WRITE IN THIS SPACE</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

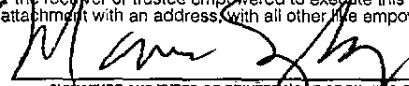
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GONZALEZ, MARIA 200 SW 124 AVE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GONZALEZ, LAZARO R 200 SW 124 AVE MIAMI, FL 33184
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U00000262884  
03/14/05-80069-014 150.00

**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)(f), 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 life empowered.

SIGNATURE:  DATE: 3/10/05 786 2001942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #