2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000044313

1. Entity Name

C.A. MANAGEMENT COMPANY

FILED Aug 24, 2005 8:00 am Secretary of State

06-27-2005 90005 016 ***150.00

Principal Place of Business

7520 RED RD., STE. G-1 MIAML FL 33143 Mailing Address

7520 RED RD., STE. G-1 MIAMI, FL 33143

08112005 No Chg-P

| 4. FEI Number | Applied For |
|---------------|----------------|
| 65-0762361 | Not Applicable |
| | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

DEUTCH, RICHARD JR 1 SE 3RD AVE 3050 COCONUT GROVE, FL 33133

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the ions of registered agent, | e purpose of changing its re | gistered office or | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|--|--|---|---------------------------|---------------------------------------|--|
| SIGNATURE. | Signature, typed or primed name of registered agent and ti | tie il applicable. (NOTE: R | legistered Agent signatur | e required when remainting) | DATE |
| FILE NOWIR FEE 18 \$150.00 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution | | | | \$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. |
| 10. | OFFICERS AND DIR | ECTORS | T I | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | PD BLANK, CATHY 7520 SW 57 AVE 6-1 MIAMI, FL 33143 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WALTON, ATHENA 7520 SW 57 AVE 6-1 MIAMI, FL 33143 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
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| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | |
| indicated of the cor | on this report or supplemental report is tru | e and accurate and that my red to execute this report as | signature shall ha | ive the same legal effe | (i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if |

ATTACHMENT Co Co O26377

7520 Red Road, Suite G-1 Miami, FL 33143 (305) 663-9908 Fax (305) 663-9024

August 15th, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

REF: # P97000044313

To Whom it May Concern:

On June 17th, 2005 your office was contacted in reference to not receiving the annual report form to file.

We received the form the following week requesting a fee of \$150.

We also went to the website and downloaded the proper forms and have indicated non-receipt of proper notice, too.

If you need further information please contact us at (305) 663-9908.

Sincerely,

6/27/2005-90005-016-\$150.00-\$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P97000044313 1. Entry Namo C.A. MANAGEMENT COMPANY | | | i | | | ATTACHMENT | | | | | | | |
|---|--------------------------------------|---|--|------------------------------------|--------------------|--|---------------------------------------|------------------|---------------------------------------|-----------------------------|--------------------------------|-------------------|--|
| Principal Place 7520 RED RE MIAMI, FL 33 | RD., STE, G-1 7520 RED RD., STE, G-1 | | | | | (| Olea | 121 | | | | | |
| 2. Principal Pl | ace of Busin | ness | 3. M | ailing Address | | | | 10110 | | | | | |
| Suite, Apt. | *, etc. | <u></u> | Su | ile, Apt. #, etc. | | | 06172 | 2005 | Chg-P | CR2E | 34 (10/03) | | |
| City & State | Stale City & State | | iy & State | | | 4. FEI 65 | Numbe -0762 | | | | piled For (Applicable | | |
| Zip | | Country | Zij | P | lry | 5. Cert | liticata | ol Status Duswed | ۵ | \$8.75 And | ilional | | |
| | 6. Name | and Address of Currer | nt Registe | red Agent | | 7. Name and Address of New Registered Agent Name | | | | | | | |
| DEUTCH, RICHARD JR 1 SE 3RD AVE | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| 3050 COCONUT | GROVE | , FL 33133 | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Cod | • | |
| | numed entitions of regis | y submits this stutement lered agent | for the pu | rpase of changing its r | ugistor | ad o _{tt} de or roði | stered agent | or bo | h. in the State of F | orida. Lam | lamilion with | and Accept | |
| SIGNATURE_ | Signature, promo | or presided name of registered 400 | nt ent tone an | uplicable (hO15) | Reces.viv | d Agent signature no | oured of an years. | atesc) | | DATE | | | |
| FIL | E NOWII | FEE IS \$150.00 otember 7, 2005 | | Election Campuic Trust Fung Contri | | | \$5.00 May Added to Fee | | In accordance corporation did | with s. 607 I not recelv | 7.193(2)(b), re the prior r | F.S., the notice. | |
| 10. | | OFFICERS AN | DOIRECT | ons | 11. | | ADDIT | HONS/ | CHANGES TO OF | FICERS AND | | SINTI | |
| TITLE NAME STREET ADDRESS | PD BLANK, (| SATHY 57 AVE 6-1 | | 🗀 Celejo | 11TG NAME | - 1 | | | | | [] Otange | ☐ Aedisch | |
| CITY-S1-7IP | MIAMI, FI | | | | | -21-2/2 | | · | ···· | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , ATHENA 57 AVE 6-1 | | C) Delale | | | | | | | [] Change | ☐ Addicton | |
| TITLE NAME STREET ADDRESS | | 00140 | | □ Deica | THE NAM STRE | E E ET ADDRESS | | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | ☐ Add:ipe | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | ☐ Delcie | SITE NAME | | | . <u></u> . | | | Change | ☐ Accito: | |
| CITY-ST-ZIP | | | | Delos | | -ST-7IP | · · · · · · · · · · · · · · · · · · · | | | | Crance | ☐ Addisca | |
| NAME STREET ADDRESS CITY+ST-ZIP | | | | | | E SET ADDRESS - ST-ZIP | | | | | | | |
| TIBLE MAME STREET ADDRESS CITY-ST-7IP | | | | □ Delete | 1 | | | | | | Change | Addition | |
| 12. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119 C7(3)(.). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate unit his report or the same legal effect as it made under cath; that I am an officer or directory of the corporation or projectory or trusted entipowered to execute this report os required by Chapter 807. Florida Statutes, and that my name appears in 3.cc x 10 or Block 10 | | | | | | | | | or director Block 11 if | | | | |
| SIGNATURE: SIGNATURE NO TYPED OA PRINTED HAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | |



ATTACHMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

June 28, 2005

C.A. MANAGEMENT COMPANY 7520 RED RD., STE. G-1 MIAMI, FL 33143

Subject: C.A. MANAGEMENT COMPANY

Reference Number:

P97000044313

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc ANNUAL REPORTS SECTION