


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000058893
1. Entity Name
KACO ENTERPRISES, INC.



Principal Place of Business 2260 SW 8 ST. 301 MIAMI, FL 33135	Mailing Address 2260 SW 8 ST. 301 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0764874	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

GARCIA, CARLOS M
650 SW 12 AVE
MIAMI, FL 33130

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____


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	1100000205894 01/31/05-80064-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, JOSE M SR 650 SW 12 AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, CARLOS M 650 SW 12 AVE MIAMI, FL 33130
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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:  *Carlos Garcia* 1/31/05

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