
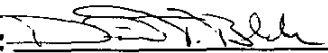


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90003 045 ***150.00

DOCUMENT # P97000073911			
1. Entity Name CACHE' EVENTS INC.			
Principal Place of Business 1314 N. DIXIE HWY HOLLYWOOD, FL 33020		Mailing Address 1314 N. DIXIE HWY SUITE 2009 HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address 1314 N. DIXIE HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLLYWOOD, FL	
Zip	Country	Zip 33020	Country
4. FEI Number 06-1513259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLACK, DAVID TYLER 1314 N. DIXIE HWY HOLLYWOOD, FL 33020		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV OSORIO, GILBERT J <input type="checkbox"/> Delete 3625 N COUNTRY CLUB DR, 2009 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV OSORIO, GILBERTO J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3625 N COUNTRY CLUB DR., 2009 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, DAVID T <input type="checkbox"/> Delete 3625 N. COUNTRY CLUB DR #2009 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DAVID T. BLACK, PRESIDENT 3/3/06 (954) 922-2778	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	