

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038282

FILED
Apr 12, 2004
Secretary of State

Entity Name: CAILIS MECHANICAL CORP.

Current Principal Place of Business:

12555 ORANGE DRIVE
SUITE 108
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12555 ORANGE DRIVE
SUITE 108
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0830919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAILIS, EMANUEL G
12555 ORANGE DR #108
FORT LAUDERDALE, FL 33330

Name and Address of New Registered Agent:

CAILIS, EMANUEL G
12555 ORANGE DRIVE
SUITE 108
DAVIE, FL 33330

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.

SIGNATURE: EMANUEL G. CAILIS

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAILIS, EMANUEL G
Address: 6321 OLDE MOAT WAY
City-St-Zip: DAVIE, FL 33331

Title: S () Delete
Name: CAILIS, LINDA
Address: 6321 OLDE MOAT WAY
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL G. CAILIS

P

04/12/2004

Electronic Signature of Signing Officer or Director

Date