

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90464 034 ***150.00

DOCUMENT # P98000081139					
1. Entity Name CAYUGA M & A, INC.					
Principal Place of Business 1701 W. HILLSBORO BLVD. #103 DEERFIELD BEACH, FL 33442 US			Mailing Address 8411 W OAKLAND PARK BLVD. # 202 SUNRISE, FL 33351		
2. Principal Place of Business		3. Mailing Address <i>1701 W. HILLSBORO BLVD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>SUITE 103</i>			
City & State		City & State <i>Deerfield Beach, FL</i>			
Zip	Country	Zip <i>33442</i>	Country <i>USA</i>	4. FEI Number 65-0879277	
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		
STEBBINS, KENNETH H 8411 W OAKLAND PARK BLVD. # 202 SUNRISE, FL 33351			Name <i>STEBBINS, Kenneth</i> Street Address (P.O. Box Number is Not Acceptable) <i>1701 W HILLSBORO BLVD</i> <i>SUITE 103</i> City <i>Deerfield Beach</i> FL Zip Code <i>33442</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEBBINS, KENNETH H 8411 W OAKLAND PARK BLVD. # 202 SUNRISE, FL 33351		<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"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
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: <i>Kenneth H Stebbins</i>			<i>05/06/04</i> <i>954 418-0064</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		