



**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # P98000094859</b>						<b>Secretary of State</b>	
1. Entity Name <b>CAVASAN INC</b>				05-04-2005 90123 037 ***150.00			
Principal Place of Business <b>223 N.W. 129 AVENUE MIAMI, FL 33175</b>				Mailing Address <b>223 N.W. 129 AVENUE MIAMI, FL 33175</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CASTANEDA, JOSE R 223 N.W. 129 AVENUE MIAMI, FL 33175</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>CASTENEDA, JOSE R</b> STREET ADDRESS <b>223 N.W. 129 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33175</b>				TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>CASTENEDA, SANDRA</b> STREET ADDRESS <b>223 N.W. 129 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33175</b>				TITLE <b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 				4/22/05 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							