


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 024 ***150.00

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| DOCUMENT # P99000009002 |  |
| 1. Entity Name CATTLE HOLDINGS INC. | |

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| Principal Place of Business 2800 ISLAND BLVD. SUITE 402 AVENTURA, FL 33160 | Mailing Address 2800 ISLAND BLVD. SUITE 402 AVENTURA, FL 33160 |
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| 2. Principal Place of Business 1112 NW 141ST AVE | 3. Mailing Address 1112 NW 141ST AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State PEMBROKE PINES, FL | City & State PEMBROKE PINES FL |
| Zip 33028 | Zip 33028 |
| Country BROWARD | Country BROWARD |



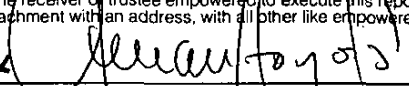
04132005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0894185 | | 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 BERNAL, GERMAN HOYOS 2800 ISLAND BLVD. SUITE 402 AVENTURA, FL 33160 | | |
| 7. Name and Address of New Registered Agent Name BERNAL, GERMAN HOYOS Street Address (P.O. Box Number is Not Acceptable) 1112 NW 141ST AVE City PEMBROKE PINES FL Zip Code 33028 | | |

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| 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 4/13/05 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BERNAL, GERMAN HOYOS 2800 ISLAND BLVD., STE. 402 AVENTURA, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERNAL, GERMAN HOYOS 1112 NW 141ST AVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CABEZA, MONICA 2800 ISLAND BLVD., STE. 402 AVENTURA, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CABEZA, MONICA 1112 NW 141ST AVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | DATE 4/13/05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Daytime Phone # | |