2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2004 08:00 AM DOCUMENT # P99000018290 Secretary of State 1. Entity Name C.A.I. COLLECTIONS, INC. Principal Place of Business Mailing Address 22504 LABRADOR STREET 22504 LABRADOR STREET BOCA RATON, FL 33428 BOCA RATON, FL 33428 02162004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0897271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1 Fee Required 6. Name and Address of Current Registered Agent INGLIS, CAROL A DO NOT WRITE 22504 LABRADOR STREET BOCA RATON, FL 33428 IN THIS SPACE 3. 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 Caro A. Lnglis Signature, typed or printed name of regula (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE INGLIS, CAROL A NAME U00000076349 03/04/04-80025-003 150.00 22504 LABRADOR STREET STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 179.07(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR