## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 31, 2005 8:00 am Secretary of State **DOCUMENT # P99000018290** 01-31-2005 90054 047 \*\*\*150.00 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 2. Principal Place of Business 3. Mailing Address 1321 SE Suite, Apt. #, etc. 1321 SE I Avenue Suite, Apt. #, etc. 01182005 CR2E034 (10/03) Applied For 4. FEI Number City & State Deersield bears 65-0897271 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent . 7...Name and Address of New Registered Agent. INGLIS, CAROL A Not Acceptable) 22504 LABRADOR STREET BOCA RATON, FL. 33428 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. i oco 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE TITLE is Carol A. Henitage Oaks Circle INGLIS, CAROL A NAME NAME STREET ADDRESS 22504 LABRADOR STREET STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33428 CITY-ST-ZIP Addition Delete ΠΠF ☐ Change TITLE NAME Ricco, Stephen F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TIT) F Channe Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 78 · 374-1313 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**