

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90164 011 ***150.00

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DOCUMENT # P99000042978 1. Entity Name CAZACA CONSTRUCTION, INC.					
Principal Place of Business 10233 SW 157 CT. MIAMI, FL 33196			Mailing Address 10233 SW 157 CT. MIAMI, FL 33196		
2. Principal Place of Business 8511 SW 164 CT.		3. Mailing Address 8511 SW 164 CT.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04292005 Chg-P CR2E034 (10/03)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0918778	
Zip 33193		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMBRANO, CARLOS H 10233 SW 157 CT. MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8511 SW 164 CT. City MIAMI FL Zip Code 33193	
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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAMBRANO, CARLOS H 10233 SW 157 CT. MIAMI, FL 33196	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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)(c), 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: 04/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____					