



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90088 012 ***150.00

DOCUMENT # S11989 1. Entity Name CAGE INC.					
Principal Place of Business 6811 S US 1 PORT ST. LUCIE, FL 34952				Mailing Address 6811 S US 1 PORT ST. LUCIE, FL 34952	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
02282008 Chg-P CR2E034 (12/06)				4. FEI Number 65-0245592	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANTICO, PHILIP 4290 10TH AVE SUITE 103 LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name RAPUZZI GEORGE Street Address (P.O. Box Number is Not Acceptable) 1301 WHITE OAK LANE City FT. PIERCE FL Zip Code 34952		
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 George Rapuzzi <i>George Rapuzzi</i> 4/01/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ANTICO, PHILIP 4290 10TH AVENUE, SUITE 103 LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPUZZI GEORGE 1301 WHITE OAK LANE FT. PIERCE FL, 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP PHILIP Antico <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP PHILIP Antico 4290 10TH AVE N, SUITE 103 LAKE WORTH FL, 33461 <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 exemptions contained in Chapter 119, 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: <i>George Rapuzzi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/01/2008 <small>Date</small>		772-708-0881 <small>Daytime Phone #</small>	