2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S39982

1. Entity Name
CAMBRIDGE CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1865 BRICKELL AVE TOWNHOUSE 2 MIAMI, FL 33129 US	1865 BRICKELL AVE TOWNHOUSE 2 MIAMI, FL 33129 US

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0259905	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAVA, RICHARD
1865 BRICKELL AVE
TH-2
MIAMI, FL 33129

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   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
TITLE	P
NAME	CAVA, RICHARD
STREET ADDRESS	1865 BRICKELL AVE, TH-2
CITY-ST-ZIP	MIAMI, FL 33129

U00000218617
02/07/05-80068-022 150.00

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   02/02/05   305- 776-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #