

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51892

Entity Name: CAYMAN PROPERTIES, INC.

FILED  
Apr 22, 2005  
Secretary of State

## Current Principal Place of Business:

8405 N EDISON AVENUE  
TAMPA, FL 33604 US

## New Principal Place of Business:

## Current Mailing Address:

8405 NORTH EDISON AVENUE  
TAMPA, FL 33604 US

## New Mailing Address:

FEI Number: 59-3142724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNIZ, TONY JR  
8405 N. EDISON AVE  
STE 108  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MUNIZ, TONY JR.,  
Address: 8405 N. EDISON AVE.  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: MUNIZ, YVETTE R.,  
Address: 8405 N. EDISON AVE.  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY MUNIZ JR

P

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date