


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90288 040 \*\*\*150.00

<b>DOCUMENT # P01000114144</b>	
1. Entity Name C.A.S. DEVELOPMENT, INC.	

Principal Place of Business 16155 SW 117 AVE #24 MIAMI, FL 33177	Mailing Address 16155 SW 117 AVE #24 MIAMI, FL 33177
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**14011210**



2. Principal Place of Business 175 Fontainebleau Blvd. Suite, Apt. #, etc. Suite 2G-13 City & State Miami FL Zip 33172 Country USA	3. Mailing Address 175 Fontainebleau Blvd. Suite, Apt. #, etc. Suite 2G-13 City & State Miami FL Zip 33172 Country USA
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04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1156329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BETANCOURT, OSWALDO P 1915 SW 107 AVE #402 MIAMI, FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

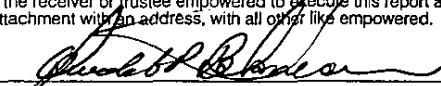
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:**  **4/27/05** **786-223-0436**

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