

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90337 037 ***150.00

DOCUMENT # P03000020748 1. Entity Name CASERTA & ASSOCIATES, INC.					
Principal Place of Business 12121 NE 16TH AVE SUITE 100 NORTH MIAMI, FL 33161			Mailing Address 12121 NE 16TH AVE SUITE 100 NORTH MIAMI, FL 33161		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 41-2081390	
5. Certificate of Status Desired ☐		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASERTA, ANTHONY D. 12121 NE 16TH AVE SUITE 100 NORTH MIAMI, FL 33161			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P, S. ANTHONY D. CASERTA 12121 N.E. 16 AVE. STE. 100 NORTH MIAMI, FL. 33161 ☐ 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)(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: ANTHONY D. CASERTA 4/12/04 954-540-3284 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/176 Phone #					