

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166666

FILED
Mar 07, 2006
Secretary of State

Entity Name: INVERCASA, INC.

Current Principal Place of Business:

2993 W 80 ST
UNIT 42
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON
1050
MIAMI, FL 33134 US

New Mailing Address:

12738 NW 98 PL
HIALEAH GARDENS
FLORIDA, FL 33018 US

FEI Number: 20-1995724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC,
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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: PSD () Delete
Name: SANCHEZ, ANA ROSA
Address: 2993 W 80TH ST UNIT 42
City-St-Zip: HIALEAH, FL 33016 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: SANCHEZ, MARTHA E
Address: 12738 NW 98 PL
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANA ROSA SANCHEZ

PSD

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date