

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037116

FILED
Apr 01, 2004
Secretary of State

Entity Name: CAS HONEYCOMB CORP.

Current Principal Place of Business:

8507 NW 66 ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8507 NW 66 ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0746774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCANTE, JORGE
1225 NE 199TH ST
NORTH MIAMI, FL 33179 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: D () Delete
Name: CASCANTE, JORGE
Address: 1225 NE 199 ST
City-St-Zip: NORTH MIAMI, FL 33179

Title: D () Delete
Name: CASCANTE, FLOR
Address: 1225 NE 199 ST
City-St-Zip: NORTH MIAMI, FL 33179

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: JORGE CASCANTE

D

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date