

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006339

Entity Name: CASA DE PROVISION INC.**Current Principal Place of Business:**5808 LYNN ROAD
TAMPA, FL 33624**Current Mailing Address:**5808 LYNN RD
TAMPA, FL 33624 US**FEI Number:** 26-0463080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, JUAN E
5808 LYNN ROAD
TAMPA, FL 33624 US*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

Officer/Director Detail :

Title PRESIDENT
Name GARCIA, JUAN E
Address 5808 LYNN ROAD
City-State-Zip: TAMPA FL 33624

Title SECRETARY
Name DILBERT, JULIE E.
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title VP
Name GARCIA, LUCY
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title TREASURER
Name REYES, LENA
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title AP
Name GUARTON , CESAR
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title AP
Name ALEMAR, NANCY
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title DEACONESS
Name REYES, MARCOS
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title DEACONESS
Name BETANCOURT, ELIZABETH
Address 5808 LYNN RD
City-State-Zip: TAMPA, FL 33624

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LENA REYES**TREASURER****02/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date