

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90001 019 ***150.00

DOCUMENT # 253740 1. Entity Name CASA MIA DELRAY INC					
Principal Place of Business 1025 LANGER WAY DELRAY BEACH, FL 33483			Mailing Address C/O GEORGE P. ARMAS 24 SW 8TH COURT DELRAY BEACH, FL 33444-2316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O MS. GALLUP 817 GEORGE BUSH BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05302008 Chg-P CR2E034 (12/06)	
City & State		City & State DELRAY BEACH, FL.		4. FEI Number 59-0950066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33483		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KREKELER, WILLIAM 19055 SW 128TH AVE MIAMI, FL 33177-3706			7. Name and Address of New Registered Agent Name DAVID J. PUGH Street Address (P.O. Box Number is Not Acceptable) 817 GEORGE BUSH BLVD. City DELRAY BEACH FL Zip Code 33483		
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 5/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KREKELER, WILLIAM 1025 LANGER WAY DELRAY BEACH, FL 334834551	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RHODE, JUDY 1025 LANGER WAY APT #6 DELRAY BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. AHERN, JOHN 1025 LANGER WAY, APT #4 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.					
SIGNATURE:		5/30/08 561-272-2617 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

40107431

CASA MIA DELRAY INC.
C/O M.J. GALLUP ACCOUNTING
817 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33483
562-272-2617

May 30, 2008

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #253740


Gentlemen,

Enclosed please find our check #1230 in the amount of \$150.00 to file our Annual Report.

Please waive the penalty of \$400.00 as we did not receive the notice due to the death of our previous accountant.

We thank you for your time.

Very truly yours,


Board of Directors
the Board