


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90036 020 ***150.00

DOCUMENT # 443408			
1. Entity Name CASA YGLESIAS, INC.			
Principal Place of Business 3725 W. FLAGLER ST MIAMI FL 33134		Mailing Address 3725 W. FLAGLER ST MIAMI FL 33134	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROSENTHAL, KERRY E. 2875 NE 191 STREET SUITE 500 AVENTURA FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title (not applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PD IGLESIAS, MARIA J PRESIDE 5590 W. 12TH AVENUE HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD IGLESIAS, MARIA J. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 S.W. 99 AVE MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY ST ZIP	VP YGLESIAS, RAMON VICE-PR 6600 SW 99 AVE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP YGLESIAS RAMON VICE-PR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5990 W. 12TH AVE HIALEAH FL 33173
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	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 Section 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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #