

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 470854

1. Entity Name
CASDORE, FL., INC.



Principal Place of Business

C/O BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154

Mailing Address

C/O BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154

UNRECORDED
CORPORATE FILING - 2004



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1569043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARASH, A. JEFFREY
1140 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASPI, HILDA
STREET ADDRESS 5500 COLLINS AVE., 1004
CITY-ST-ZIP MIAMI BEACH, FL

TITLE VP
NAME ROSENBERGER, GERDA
STREET ADDRESS 5 ROBIN'S NEST LANE
CITY-ST-ZIP LARCHMONT, NY 0,

TITLE ST
NAME ROSENBERGER, GARY
STREET ADDRESS 60 W. 10TH ST., #6-D
CITY-ST-ZIP NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Hilda Caspi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

305-868-7800

Date

Daytime Phone #