

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90030 035 ***150.00

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



01052006 No Chg-P CR2E034 (11/05)

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

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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, 2006 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	

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerda Rosenberg P.O. A. GERDA ROSENBERGER 1/11/06 (914) 834-8957