2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2005 8:00 am Secretary of State **DOCUMENT # 540691** 1. Entity Name 03-14-2005 90093 031 ***150.00 CASA ROCKOLA, INC. Principal Place of Business Mailing Address % LUIS GOVANTEI 2439 N.W. 7 ST. #2 MIAMI FL 33125-3134 % LUIS GOVANTEI 2439 N.W. 7 ST. #2 MIAMI FL 33125-3134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1760610 Not Applicable Zip Zip Country Country 🍇 **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, MARCIAL Street Address (P.O. Box Number is Not Acceptable) 1040 W. SUPERIOR STREET OPA LOCKA FL 33054 City 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-1 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE $\mathcal{D}D$. Change ☐ Addition GARCIA MARIA GARCIA, MARIA J. NAME 8120 NES 166 ST. 3401 EAST 8TH AVENUE-STREET ADDRESS STREET ADDRESS MIAMI, LAKES FL 33016 HALEAH EL CITY-ST-ZIP CITY-ST-7IP NANCY GONZALEZ 8/20 NW 166 ST. Change TITLE □ Defete TITLE ☐ Addition NANCY GONZALEZ 8120 NO 166 ST. NAME NAME STREET ADDRESS STREET ADDRESS MIAMI LABES, IFL 33016 FL 330/6 CITY-ST-ZIP LAKES. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete THIE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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. MARIA J. GARCIA PD 3/5/01
Date Date