2005 FOR PROFIT CORPORATION ____ ANNUAL REPORT (AR)

changed, or on an attachment with a

SIGNATURE

Mar 11, 2005 08:00 AM **DOCUMENT # 685549 Secretary of State** 1. Entity Name CASA GATTI-GARCIA, INC. Mailing Address Principal Place of Business 228 SE 1 ST 228 SE 1 ST MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2124687 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLOS, GATTIE J Street Address (P.O. Box Number is Not Acceptable) 228 SE 1ST STREET MIAMI FL 33131 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE ______Sgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE DILE Change ☐ Addition U00000259566 NAME GATTI, JOHN NAME 228 SE 1ST STREET STREET ADDRESS 03/11/05-80028-012 150.00 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TITLE NAME GATTI, JUAN CARLOS NAME STREET ADDRESS 228 SE 1ST STREET ADDRESS CITY - ST - ZIP MIAMI FL 33131 CiTY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Thange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-ST-7P TETLE Delete TITEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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

r like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05 BOD

FILED