


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # 697497
 1. Entity Name
ARMANDO E. LACASA, P.A.



Principal Place of Business 701 BRICKELL AVENUE SUITE 1900 MIAMI, FL 33131 US	Mailing Address 701 BRICKELL AVENUE SUITE 1900 MIAMI, FL 33131 US
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04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2358832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LACASA, CARLOS A
 701 BRICKELL AVE. #1900
 MIAMI, FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LACASA, ARMANDO E 701 BRICKELL AVENUE, #1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACASA, CARLOS A 701 BRICKELL AVE #1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACASA, EDUARDO L 701 BRICKELL AVE #1800 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/07-80068-004-150.00

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:  **ARMANDO E. Lacasa** **4-11-07** (305) 789-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #