


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
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
--	--



01142008 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 _____ DATE _____
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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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
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

U00000787559
01/18/08-80004-021 1:50:00

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 *AL* Date: 1/14/08 Daytime Phone #: 305-785-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR