

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 759344

1. Entity Name

CASA COLON, INC.



Principal Place of Business

3204 W CYPRESS
TAMPA FL 33607
US

Mailing Address

3204 W CYPRESS
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

City & State

4. FEI Number

59-2130886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACHECO, FELIPE R
2324 W. FERN PLACE
TAMPA FL 33604

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROJAS, JOSE M	
STREET ADDRESS	10030 CEDAR DUNE DR	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARRIOS, JOSE M	
STREET ADDRESS	4843 SAN PABLO PL	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALONSO, FRANCISCO R	
STREET ADDRESS	4503 N ST VINCENT ST	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	FS	<input type="checkbox"/> Delete
NAME	TAYLOR, PEDRO	
STREET ADDRESS	6208 N BLOSSOM	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000235334
02/18/05-80056-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 #