

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759344

FILED
Apr 21, 2009
Secretary of State

Entity Name: CASA COLON, INC.

Current Principal Place of Business:

3204 W CYPRESS
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3314 W ELLICOTT ST
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-2130886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRO, JULIO
3314 W ELLICOTT ST
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROJAS, JOSE M
Address: 10030 CEDAR DUNE DR
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: ASTORQUIZA, JORGE
Address: 4519 N ST VINCENT AVE
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: PEREZ, FERNANDO
Address: 4614 N MATANZAS AVE
City-St-Zip: TAMPA, FL 33614

Title: FS (X) Delete
Name: MIRO, JULIO
Address: 3314 W ELLICOTT ST
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, FERNANDO DVM
Address: 4614 N MATANZAS AVE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MIRO, JULIO
Address: 3314 W ELLICOTT ST
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO PEREZ, DVM

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04/21/2009

Electronic Signature of Signing Officer or Director

Date