

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000002562

1. Entity Name

CASA CHIOSO II, INC.



Principal Place of Business

501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602

Mailing Address

LENZENWEISSTR. 4, CH-8702 ZOLLIKON
SWITZERLAND, OC

50005348



03042006

No Chg-P

CR2E034 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME DANIEL OTTO DUERST
STREET ADDRESS LENZENWEISSTR. 4, CH-8702 ZOLLIKON
CITY-ST-ZIP SWITZERLAND.

TITLE AS
NAME JACOBSON, RICHARD A
STREET ADDRESS 501 E. KENNEDY BLVD., STE. 1700
CITY-ST-ZIP TAMPA, FL 33602

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: *Daniel Otto Duerst* Daniel Otto Duerst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/06

Date

+41432856124

Daytime Phone #