


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # F95071 1. Entity Name CONSUMER CASUALTY CORPORATION	
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Principal Place of Business 9415 SUNSET DR., SUITE 183 MIAMI, FL 33173	Mailing Address 9415 SUNSET DR., SUITE 183 MIAMI, FL 33173
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2217260	Applied For No: Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ-AGUIAR, HENRY A 9415 SW SUNSET DR. SUITE 111 MIAMI, FL 33173

**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000215019
02/04/05-80034-021 150.00

10. OFFICERS AND DIRECTORS	
President P DARDER, MARIA DEL CARMEN 9415 SUNSET DRIVE #183 MIAMI, FL 33173	
Vice President VP CAYRO, LAZARA 7415 SUNSET DRIVE #183 MIAMI, FL 33173	
Secretary	
Treasurer	
Director	
Director	
Director	

**DO NOT WRITE
IN THIS SPACE**

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