

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000033987**

1. Entity Name  
**CASAMIA ENTERPRISES LC**



Principal Place of Business  
**CASAMIA ENTERPRISE, LLC  
1994 NE 149T STREET  
NORTH MIAMI, FL 33181**

Mailing Address  
**CASAMIA ENTERPRISE, LLC  
1994 NE 149T STREET  
NORTH MIAMI, FL 33181**



03162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2073107**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FREDERIC, BARTHE M ESQ.  
2455 E. SUNRISE BOULEVARD  
SUITE 602  
FORT LAUDERDALE, FL 33304**

**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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DI GENOVA, SYLVIE
STREET ADDRESS	3570 NW 73RD AVENUE
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	MGR
NAME	DEMICHIELIS, LUCIANO
STREET ADDRESS	VIA VALLE DEMICHIELIS
CITY-ST-ZIP	12060 MAGLIANO ALPI ITALY,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000155288  
05/05/04-80030-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04.30.04

305.949.1399