
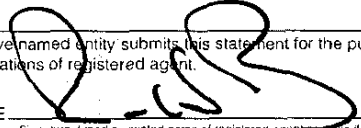
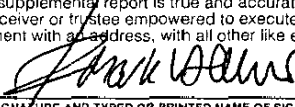


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90006 019 ***550.00

DOCUMENT # L98566 1. Entity Name KASALTA MIRAMAR, INC.			
Principal Place of Business ATTN BRUCE C BLAISE 777 BRICKELL AVE MIAMI, FL 33131-2809 US		Mailing Address ATTN BRUCE C BLAISE 777 BRICKELL AVE MIAMI, FL 33131-2809 US	
2. Principal Place of Business Attn F Mark Vasani Suite, Apt. #, etc. 515 East Las Olas Blvd. City & State Fort Lauderdale FL Zip 33301		3. Mailing Address Attn F Mark Vasani Suite, Apt. #, etc. 515 East Las Olas Blvd City & State Fort Lauderdale FL Zip 33301	
4. FEI Number 65-0220299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07142004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BERGMAN RICHARD ESQ 777 BRICKELL AVENUE SUITE 780 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 515 East Las Olas Blvd 4th Floor City Fort Lauderdale FL Zip Code 33301	
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:  DATE: 7-16-04 <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAISE, BRUCE <input checked="" type="checkbox"/> Delete 777 BRICKELL AVE MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lee Wright <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 East Las Olas Blvd. Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEGAN-MARKEY, TANYA L <input checked="" type="checkbox"/> Delete 777 BRICKELL AVE MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Linda Roistacher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 East Las Olas Blvd. Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST VASANI, MARK F <input type="checkbox"/> Delete 777 BRICKELL AVENUE 4TH FLOOR MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  F. Mark Vasani, DVST		Date: 7/16/04 Daytime Phone: (954) 765-7137	