


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90280 007 \*\*\*150.00

<b>DOCUMENT # M23094</b>					
1. Entity Name <b>PICASO BUSINESS INC.</b>					
Principal Place of Business <b>4871 W. FLAGLER ST. MIAMI FL 33134 US</b>			Mailing Address <b>P.O. BOX 557547 MIAMI FL 33255</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2659217</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CASTILLO, ADA A</b> <b>4871 W. FLAGLER ST.</b> <b>MIAMI FL 33134</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b>  <b>Trust Fund Contribution. <input type="checkbox"/></b> <b>\$5.00</b> May Be Added to Fees             </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ADA A		NAME		
STREET ADDRESS	4871 W. FLAGLER ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, SECUNDINO		NAME	CASTILLO, SECUNDINO	
STREET ADDRESS	1321-A NW 31 AVENUE		STREET ADDRESS	1321-A N.W. 31 AVE	
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP	M-F 33135-	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MIOZOTIS MALLON	
STREET ADDRESS			STREET ADDRESS	4330 S.W. 102 AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	M. F. 33165	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ada C. Castillo</u> <span style="float: right;">4/18/05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					