

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90021 040 \*\*\*158.75

**DOCUMENT # M38112**

1. Entity Name  
**CASURINA, INC.**



Principal Place of Business  
~~801 BRICKELL AVE~~ **1600 Micanopy Ave**  
~~SUITE 1901~~ **COCONUT GROVE FL 33133**  
**MIAMI, FL 33131**

Mailing Address  
**1600 MICANOPY AVE.**  
**COCONUT GROVE, FL 33133 US**

3406011



2. Principal Place of Business  
**1600 Micanopy Ave**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State  
**COCONUT GROVE - FL**

Zip  
**33133**

Country  
**MIAMI-DADE**

City & State  
  
Zip  
  
Country

4. FEI Number  
**59-2746761**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

**SPENCER, THOMAS R., JR.**  
**801 BRICKELL AVE., SUITE 1901-**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
**2 ALHAMBRA PLAZA - PH 2**  
  
City **CORAL GABLES** FL Zip Code **33134**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDUNCIN, JUAN P 1600 MICANOPY AVE. COCONUT GROVE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDUNCIN, GUILLERMINA 1600 MICANOPY AVE. COCONUT GROVE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, THOMAS R. 801 BRICKELL AVE. #1901 MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President AND TREASURER</b>	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SERGIO L FERNANDEZ</b> <b>2600 DOUGLAS ROAD - #406</b> <b>CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **Juan Alduncin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 12, 2004 (305) 461-9941**  
Date Daytime Phone #