

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90292 024 ****70.00

DOCUMENT # N04000008229 1. Entity Name TERESA CASAS FOUNDATION, INC.						
Principal Place of Business 8021 W 21 AVE HIALEAH, FL 33016				Mailing Address 8021 W 21 AVE HIALEAH, FL 33016		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CASAS, TERESA 4445 W. 16 AVE., STE. 311A HIALEAH, FL 33012				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
		Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CASAS, TERESA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8021 W 21 AVE HIALEAH, FL 33016			NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	VP RUIZ, VIVIANA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8021 W 21 AVE HIALEAH, FL 33016			NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	T DON, LISSETTE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8021 W 21 AVE HIALEAH, FL 33016			NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	DOM SALMA, ELIAS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8021 W 21 AVE HIALEAH, FL 33016			NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	DOS MIJAN, JACQUELINE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8021 W 21 AVE HIALEAH, FL 33016			NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	DOHS FAJARDO, BEATRIS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8021 W 21 AVE HIALEAH, FL 33016			NAME		
STREET ADDRESS						
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 617, 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>TERESA CASAS - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/28/2005 (786) 318-6432 <small>Date Daytime Phone #</small>		