

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006515

FILED
Apr 02, 2009
Secretary of State

Entity Name: CASIOPEIA CORPORATION

Current Principal Place of Business:

902 NE 209TH ST
APT 103
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

902 NE 209TH ST
APT 103
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 20-3047422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZOY EA ATA, EDUARDO A
1900 W COMMERCIAL BLVD
SUITE 121
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/S () Delete
Name: SIMON, MIGUEL P
Address: 2443 W 65TH STREET
City-St-Zip: HIALEAH, FL 33016 US

Title: T () Delete
Name: CACERES, MIGUEL F
Address: 3274 W 70TH STREET # 102
City-St-Zip: HIALEAH, FL 33018 US

Title: P () Delete
Name: FUENTES, ADRIANA
Address: 902 NE 209TH STREET APT # 103
City-St-Zip: MIAMI, FL 33179 US

Title: V (X) Delete
Name: VON-LINDENBERG, CRISTINA
Address: 18679 NW 77 PL
City-St-Zip: MIAMI, FL 33015 US

Title: D () Delete
Name: ARZA, ARGENIO
Address: 4370 E 8 LANE
City-St-Zip: HIALEAH, FL 33013 US

Title: D (X) Delete
Name: ARANGO, JOSE F
Address: 1200 NE MIAMI GARDENS DR. APT 211 W
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: SIMON, MIGUEL P
Address: 2443 W 65TH STREET
City-St-Zip: HIALEAH, FL 33016 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: FUENTES, ADRIANA
Address: 902 NE 209TH STREET APT # 103
City-St-Zip: MIAMI, FL 33179 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL P SIMON

P/S

04/02/2009

Electronic Signature of Signing Officer or Director

Date