2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0000002605  1. Entity Name  CASAIS PIANO STUDIO, INC.							A	Apr 08, 2005 08:00 AM Secretary of State				
Principal Plac	ce of Busines	\$	Maili	ng Address								
12701 S.W. 54 STREET				12701 S.W. 54 STREET								
MIAMI FL 3	33175		MIA	MI FL 33175								
2. Principal Place of Business				3. Mailing Address								
Z. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				st MOORE	CR2E034	1 (10/04)		
City & State			City	City & State			4. FEI Numb	oer 65-0973184	<u> </u>	{— }	pplied For lot Applicable	
Zip	Country		Zip	Zip Cou		ntry	5. Certificate	e of Status Desired		\$8.75 Ac		
6. Name and Address of Current F				ed Agent	ļ	7. Name an	d Address of New F	egistered				
RUFIN, WANDA I ESQ.						Name						
1699 CORAL WAY SUITE 315 MIAMI FL 33145					Street Address (P.O. Box Number is Not Acceptable)							
MIA	NVII FL 33	140					·					
						City			FL	Zip Co	de	
	named entit	y submits this statement	for the pur	oose of changing its	register	ed office or regist	ered agent, or bo	oth, in the State of Flo	orida. I am	familiar with	, and accept	
	77	1 00000	O	UTH CA.	c.a.	(	.: =			<i>-</i> ^ -	٠.	
SIGNATURE		or printed name of registered age				d Agent signature requir	ed when reinstating]	· · · · · · · · · · · · · · · · · · ·	DATE	6-03	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Con			.00 May Be led to Fees	
10,	I=	OFFICERS AN	DIRECTO		11.	<u> </u>	ADDITIONS	/CHANGES TO OFF	ICERS AN			
THILE NAME	D CASAIS, RUTH			☐ Delete ☐ FIT				☐ Change [		Addition		
STREFT ADDRESS City-St-ZIP	12701 S.W. 54 STREET MIAMI FL 33175					FTADDRESS -ST-ZIP		U00000293277 U4/08/05-80020-022 150.00				
HILE				☐ Delete	TITL( NAM					Change	Addition	
NAME Street Address	5					ET ADDRESS						
CHT+ST ZIF						-SI-ZIP						
NAME	İ			☐ Delete	TETEL NAM	1				☐ Change	☐ Addition	
STREET ADDRESS						ET ADDRESS						
CITY SI-ZIP			. <del>.</del>	☐ Delete	TITLE	ST-ZIF		- <u> </u>		Change	Addition	
NAME	:			Delete	NAM	I				onan <b>g</b> o	MOGREEN	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP						
THE	<del></del>			☐ Delete	HILE	<del></del>				Change	Addition	
NAME CILETT ADDRESS					NAM stee	!						
STHEET ADDRESS CITY+ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	HILE	l l		<del></del>		Change	Addition	
NAME STREET ADDRESS					NAMI STRE	E ET ADDRESS						
CITY - ST - ZIP	<u> </u>				£IIY	- SI- ZIP		. <u></u>				
indicated of the cor	l on this repor poration or th	information supplied wi tor supplemental report re receiver or trustee emp chment with an address	is true and powered to	accurate and that nexecute this report	ny signat as requi	ture shali have the	e same legal effe	ct as if made under d	ath that I	am an office	r or director	

SIGNATURE: Buth Casais RUTH CASAIS 4-6-05
RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytome Phone #

FILED