APR-28-2004(WED) 16:38 SHOMAR ACCOUNTING

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 91006 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005696

1. Entity Name
CASA BLANCA COMMUNICATIONS, INC.

24067405

Principal Place of Business
14104 SW 42ND TERRACE
MIAMI, FL 33175

Mailing Address
14104 SW 42ND TERRACE
MIAMI, FL 33175

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 775 SW 141 AV PEMPROKPINES FL 33025
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: 775 SW 141 AV PEMPROK PINES FL 33025
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number 65-0974542 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHOMAR, JOSEPH
8015 NW 162 ST
MIAMI, FL 33016

7. Name and Address of New Registered Agent
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 ______ 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	PSD BRIKAT, EL MOSTAFA 14104 SW 42ND TERRACE change MIAMI, FL 33175	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BRIKAT EL MOSTAFA 775 SW 141 AV PEMPROK PINES FL 33025	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4. 28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #