

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000100264

1. Entity Name
CASEY DANIEL ASSOCIATES, INC.



Principal Place of Business
5720 SOUTHWEST 52ND TERRACE
SOUTH MIAMI, FL 33155

Mailing Address
5720 SOUTHWEST 52ND TERRACE
SOUTH MIAMI, FL 33155

2. Principal Place of Business
300 Sevilla Ave
Suite, Apt. #, etc.
203

3. Mailing Address

Suite, Apt. #, etc.

City & State
Coral Gables FL
Zip 33134

City & State

Zip Country

**FILED
Apr 25, 2005 8:00 am
Secretary of State**

04-25-2005 90228 032 ***150.00

4 U U -



03312005 Chg-P CR2E034 (10/03)

4. FEI Number 22-3769332	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, JACKIE
5720 SW 52ND TERR
MIAMI, FL 33155

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VELAZQUEZ, CARLOS
STREET ADDRESS 5720 SOUTHWEST 52ND TERRACE
CITY-ST-ZIP MIAMI, FL 33155

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE ST
NAME VELAZQUEZ, JACQUELYN L
STREET ADDRESS 5720 SOUTHWEST 52ND TERRACE
CITY-ST-ZIP MIAMI, FL 33155

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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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: *Jaqueline Velasquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

305-443-9055

Date

Daytime Phone