

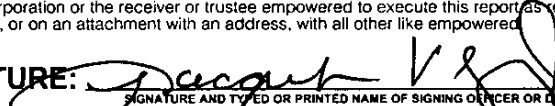


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90146 002 ***150.00

DOCUMENT # P00000100264					
1. Entity Name CASEY DANIEL ASSOCIATES, INC.					
Principal Place of Business 300 SEVILLA AVE #203 CORAL GABLES, FL 33134			Mailing Address 5720 SOUTHWEST 52ND TERRACE SOUTH MIAMI, FL 33155		
2. Principal Place of Business 1501 Venera Ave Suite, Apt. #, etc. Suite 210 City & State Coral Gables FL Zip 33146		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 22-3769332				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent VELAZQUEZ, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELAZQUEZ, CARLOS 5720 SOUTHWEST 52ND TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VELAZQUEZ, JACQUELYN L 5720 SOUTHWEST 52ND TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date 4-17-06		Daytime Phone # 305-667-5558	