

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 021 \*\*\*150.00

DOCUMENT # P00000101686	
1. Entity Name CASQUINELLI ENTERPRISES, INC.	



Principal Place of Business 5186 NW 50 TERR POMPANO BEACH, FL 33073-4964	Mailing Address 5186 NW 50 TERR POMPANO BEACH, FL 33073-4964
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50022329



2. Principal Place of Business 5186 NW 50 TERR Suite, Apt. #, etc.	3. Mailing Address 5186 NW 50 TERR Suite, Apt. #, etc.
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02282005 Chg-P CR2E034 (10/03)

City & State COCONUT CREEK, FL.	City & State COCONUT CREEK, FL
Zip 33073-4964	Zip 33073-4964
Country	Country

4. FEI Number 65-1054452	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUEROLO, VICTOR 5186 NW 50 TERR MARGATE, FL 33068-3103	
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7. Name and Address of New Registered Agent	
Name VICTOR QUEIROLO	
Street Address (P.O. Box Number is Not Acceptable) 5186 NW 50 TERR	
City COCONUT CREEK FL	Zip Code 33073-4964

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 <i>[Signature]</i>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUEIROLO, VICTOR 5186 NW 50 TERR POMPANO BEACH, FL 330734964 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VICTOR QUEIROLO 5186 NW 50 TERR COCONUT CREEK, FL 33073-4964 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUEIROLO, CARMEN 5186 NW 50TERR POMPANO BEACH, FL 330734964 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARMEN QUEIROLO 5186 NW 50 TERR COCONUT CREEK, FL 33073-4964 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 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: <i>[Signature]</i>	2-28-05 (95) 428-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #