

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

50022329



2. Principal Place of Business
5186 NW 50 TERR
 Suite, Apt. #, etc.

3. Mailing Address
5186 NW 50 TERR
 Suite, Apt. #, etc.

02282005 Chg-P CR2E034 (10/03)

City & State
COCONUT CREEK, FL.

City & State
COCONUT CREEK, FL

Zip
33073-4964 Country

Zip
33073-4964 Country

4. FEI Number
65-1054452 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

QUEROLO, VICTOR
5186 NW 50 TERR
MARGATE, FL 33068-3103

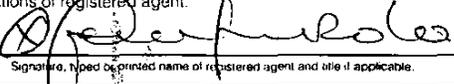
7. Name and Address of New Registered Agent

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: 

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

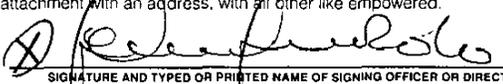
10. OFFICERS AND DIRECTORS

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	DS QUEIROLO, CARMEN 5186 NW 50TERR POMPANO BEACH, FL 330734964	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-28-05** (95) 428-8208

Date Time Phone #