


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90108 010 \*\*\*150.00

DOCUMENT # P00000101686 1. Entity Name CASQUINELLI ENTERPRISES, INC.	
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Principal Place of Business 5186 NW 50 TERR COCONUT CREEK, FL 33073-4964	Mailing Address 5186 NW 50 TERR COCONUT CREEK, FL 33073-4964
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**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1054452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  QUEROLO, VICTOR 5186 NW 50 TERR COCONUT CREEK, FL 33073-4964
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUEIROLO, VICTOR 5186 NW 50 TERR COCONUT CREEK, FL 330734964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUEIROLO, CARMEN 5186 NW 50TERR COCONUT CREEK, FL 330734964
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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: 1-17-06	Daytime Phone #: (904) 428-8228
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		