


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000104650		
1. Entity Name AMERICASA CORPORATION		

Principal Place of Business 3325 SO. UNIVERSITY DRIVE 108 DAVIE, FL 33328	Mailing Address 3325 S. UNIVERSITY DR. 108 DAVIE, FL 33328
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2. Principal Place of Business, No P.O. Box # 2645 Executive Park Dr Suite, Apt. #, etc. # 601 City & State Weston, FL Zip 33331 Country USA	3. Mailing Address 2645 Executive Park Dr Suite, Apt. #, etc. # 601 City & State Weston, FL 33331 Zip 33331 Country USA
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6. Name and Address of Current Registered Agent MAGDA, ROBLES OWNER 3325 S. UNIVERSITY DRIVE 108 DAVIE, FL 33328	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2645 Executive Park Dr. # 601 City Weston FL 33331	
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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 <u>Magda Robles</u> 8/1/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
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- Amended AR is \$61.25	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT ROBLES, MAGDA L 3325 S. UNIVERSITY DRIVE DAVIE, FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBLES, MAGDA S 3325 S. UNIVERSITY DRIVE DAVIE, FL 33328 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000136256450 09/23/08--01031--019 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elizabeth Echeverria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2645 Executive Park Dr # 601, Weston, FL 33331
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 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 807, 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: <u>Magda Robles, President</u> 8/1/08 Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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FILED
08 SEP 16 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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