2004 FOR PROFIT CORPORATION

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90565 020 ***150.00

ANNUAL REPORT					
DOCUMENT # P01000036323					
1. Entity Name					
G.CASANOVAS INC.					

1. Entity Name G.CASANO	VAS INC.	020			
Principal Place of	f Business	Mailing Address	NE TO	_ KOUUUUUA	
1000 WEST AVE MIAMI BEACH, F		1000 WEST AVENUE #524 MIAMI BEACH, FL 33139			
2. Principal Place	e of Eusiness	3. Mailing Address 2 100 BRICKE	11 11-		
Suite, Apt. #, e	etc	Suite, Apt. #, etc.	LL AVE		- CR2E034 (10/03)
City & State City & State MIAMI FLORIDA		10.0	4. FEI Number	Applied For	
Zip	Country	Zip C	Country	65-1098347 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current F	33/29 Registered Agent	1	7. Name and Address of New	Fee Required
CASANOVAS	C CUSTAVO		Name		•
CASANOVAS, GUSTAVO 1000 WEST AVENUE #524 MIAMI BEACH, FL 33139		Street Address	(P.O. Box Number is Not Accepta	ble) "	
			City	 -	72000
9 The above par	mad antity submits this statement for	the number of changing its region	[and another both factor of	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	nature, typed or printed name of registered agent ar	nd title if applicable. (NQTE Regi	stered Agent signature requir	ed when reinstating)	DATE
FILE I After May	NOW!!! FEE IS \$150.00 1, 2004 Fee will be \$550.0	9. Election Campaign F Trust Fund Contributi		5.00 May Be Ided to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11
TITLE D	ASANOVAS, GUSTAVO	☐ Delete	TITLE NAME	· · · · · · · · · · · · · · · · · · ·	Change Addition
	000 WEST AVENUE #524 11AMI BEACH, FL 33139		STREET ADDRESS CITY-ST-ZIP		,
TIFLE	•	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	AUGUST 1 BUTTE 1 COMMISSION		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
_TITLE			TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-\$1-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		,
TETLE NAME	1	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY-ST-ZIP		
12. I hereby cert indicated on of the corpor	tify that the information supplied with this report or supplemental report is ration or the receivity or trustee empor on an attachment with an activess, w	this filing does not qualify for the true and accurate and that my si wered to execute this report as re ith all other like empowered.	exemption stated in S gnature shall have the equired by Chapter 60	Section 119.07(3)(i), Florida Statute e same legal effect as if made unde 07, Florida Statutes; and that my na	s. I further certify that the information or oath; that I am an officer or director or appears in Block 10 or Block 11 if
changed, or on an attachment virtue and ess, with all other like empowered. SIGNATURE: 14 APril 05 305 8540335					
SIGNALU	DE SUMMUSE ASSESSMENT	MATED NAME OF SIGNING OFFICER OR DI	RECTOR	Date	Davtime Phone #