

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90219 018 \*\*\*158.75

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04122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000056642</b> 1. Entity Name CASALCA, CORP.					
Principal Place of Business 8080 W. SAMPLE ROAD MARGATE, FL 33065			Mailing Address 8080 W. SAMPLE ROAD MARGATE, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1110697</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  ARIAS TOVAR, ILEANA ESQ. 1725 MAIN STREET, SUITE 205 WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALCEDO, ISAIAS 10466 POLO LAKES DRIVE WEST WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALCEDO YSAIAS. 12477 CLASSIC DR. CORAL SPRINGS FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DAAL, ORLANDO 9468 SPANISH MOSS RD W LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b> <u>ISAIAS SALCEDO</u>			Date: <u>4/21/06</u> Daytime Phone #: <u>954-227-4530</u>		