


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90013 031 ***150.00

DOCUMENT # P01000107702

1. Entity Name
CASA CONDE, INC.



Principal Place of Business Mailing Address

720 BAYSHORE DRIVE 720 BAYSHORE DRIVE
 502 502
 FORT LAUDERDALE FL 33304-3903 FORT LAUDERDALE FL 33304-3903

2. Principal Place of Business 3. Mailing Address

202 SW 2ND STREET **202 SW 2ND ST SUITE A**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE A **SUITE A**

City & State City & State

PORT LAUDERDALE FL **PORT LAUDERDALE FL**

Zip Country Zip Country

33301 **USA** **33301** **USA**



MOORE CR2E034 (11/03)

4. FEI Number 65-1152876 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CONDE, CHRISTINE M	
STREET ADDRESS	720 BAYSHORE DRIVE SUITE 502	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304-3903	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	CONDE, CESAR	
STREET ADDRESS	720 BAYSHORE DRIVE SUITE 502	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304-3903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	202 SW 2ND ST SUITE A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	202 SW 2ND ST SUITE A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **CHRISTINE CONDE** 02/02/04 954 4620909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #