

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109340

Entity Name: CASA LATINA, CORP.

FILED  
Jan 21, 2005  
Secretary of State

## Current Principal Place of Business:

540 EAST 42ND STEET  
HIALEAH, FL 33013 US

## New Principal Place of Business:

19541 NW 57 TH AVE  
MIAMI, FL 33055 US

## Current Mailing Address:

540 EAST 42ND STEET  
HIALEAH, FL 33013 US

## New Mailing Address:

19541 NW 57 TH AVE  
MIAMI, FL 33055 US

FEI Number: 65-1153326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOREJON, GENEVIEVE  
15 PHOENETIA AVE. #401  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

MOREJON, GENEVIEVE  
19541 NW 57TH AVE  
MIAMI, FL 33055 US

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.

SIGNATURE:

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOREJON, GENEVIEVE  
Address: 15 PHOENETIA AVE., #401  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOREJON, GENEVIEVE  
Address: 1541 NW 57 TH AV  
City-St-Zip: MIAMI, FL 33055 US

Title: VP ( ) Change (X) Addition  
Name: VINA, MARVELYS  
Address: 19541 NW 57 TH AVE  
City-St-Zip: MIAMI, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENEVIEVE MOREJON

PD

01/21/2005

Electronic Signature of Signing Officer or Director

Date