


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P01000109340	
1. Entity Name CASA LATINA, CORP.	

Principal Place of Business 19541 NW 57 TH AVE MIAMI FL 33055 US	Mailing Address 19541 NW 57 TH AVE MIAMI FL 33055 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-1153326		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORDOVES, OCTAVIO 19541 NW 57TH AVE MIAMI FL 33055		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 _____ Signature, typed or printed name of registered agent and title, if applicable **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME CORDOVES, OCTAVIO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19541 NW 57 TH AVE		NAME	
CITY - ST - ZIP MIAMI FL 33055		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE TR <input type="checkbox"/> Delete	NAME BRITO, MIRIAM	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19541 NW 57TH AVE		NAME	
CITY - ST - ZIP MIAMI FL 3055		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: _____ **3-13-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR