2005

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIERRA, MICHAEL 703 W. SWANN AVENUE TAMPA, FL 33608 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorce. I am landle with, and accept the obligations of registered agent. SIGNATURE: PILE MOWII PEE 18 \$550.00		S. Name and Address of Current Rook		5. Certificate of	Status Desired			u Someone		
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Trust Fund Continuation. Added to Fees 10. OFFICERS AND DIRECTORS INTEL MORES GOMEZ, FRANCISCO M STREIT MORES GOMEZ, FRANCISCO M STREIT MORES GOMEZ, MARIAISCO R STREIT MORES GOMEZ, MARIAIS	Signature, typed or printed name of registered agent and till a supplicable. PACTE: Registered Agent styrebre required when resellating) CATE									
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IN THIS SPACE START ADDRESS CITY-51-70* INLE NAME STRET ADDRESS CITY-51-70* INLE NAME STRET ADDRESS CITY-51-70* INLE 1. I hereby certily that the information supplied with this filting 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 1700 and accurate and that my expeditive shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or material report is 1700 and accurate and that my expeditive shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or material responsible to execute this report as required by Chapter 801, Forlida Statutes, and that my name appears in Book 10 or Block 111 or changed, or on an attachment with a statutes with all public like empowered. SIGNATURE:	NAME STREET ADDRESS				امما	NOT W	PITE:			
TRUE NAME STREET ADDRESS CITY-S1-DP INTLE NAME STREET ADDRESS CITY-S1-DP 12. I hereby certify that the information supplied with this filting 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 exprature shall have the same legal effect as it made under each that I am an officer or director of the corporation or the receiver or truetest Empowered to execuse this report as required by Chepter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 to changed, or on an attachment with as associates, with all other like empowered. SIGNATURE:	THLE NAME STREET ADDRESS									
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July 2 7, 2005

Division of Corporations P.O. Box 6327 TAllahassee, Florida 32314

Re: CASITA MARINA INC.

302 N. DAle Mabry Highway

TAMPA, Florida 33609

DOCUMENT #: PO1000114566

Dear Sirs:

For the last two years we have never received the first renewal forms for the above corporation. Of course we always seem to received The Notice of Intent to Dissolve the Corporation. I will appreciate if you could waived the late fee due to the fact that we have tried on several occacions to get this problem solved and as of today we have not been able to resolve this problem.

All of our corporations are over 10 years old , this means we are not an overninght corporation. So your help on this matter will be highly appreciated.

If you have questions, please feel free to contact our office, we will do our best for this not to happen again.

Sincerely,

Manuel A. Valdes Office Manager

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