

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000114566 1. Entity Name CASITA MARINA, INC.					
Principal Place of Business 302 NO. DALE MABRY HIGHWAY TAMPA FL 33609			Mailing Address 302 NO. DALE MABRY HIGHWAY TAMPA FL 33609		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3190075	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIERRA, MICHAEL 703 W. SWANN AVENUE TAMPA FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, FRANCISCO M 302 N.DALE MABRY TAMPA FL 33609 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐ U00000501577 04/25/06-80067-025 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, MARIAISCO R 302 N.DALE MABRY TAMPA FL 33609 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Add ☐	

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: _____

[Signature]

4/7/06

813-973-2663