


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000067614

1. Entity Name
CASA MIAMI, INC.



90090825

Principal Place of Business C/O NICOLE J. HUESMANN, P.A. 3001 SW 3RD AVENUE MIAMI, FL 33129	Mailing Address C/O NICOLE J. HUESMANN, P.A. 3001 SW 3RD AVENUE MIAMI, FL 33129
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2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. Suite 1150	3. Mailing Address c/o Nicole J. Huesmann, P.A. 150 Alhambra Circle Suite, Apt. #, etc. Suite 1150
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CHECK HERE IF MAKING CHANGES

4. City & State Coral Gables, Florida	4. FEI Number _____ <input checked="" type="checkbox"/> Applied For Not Applicable
5. Zip 33134	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUESMANN, NICOLE J
3001 SW 3RD AVENUE
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: **Nicole J. Huesmann**
 Street Address (P.O. Box Number is Not Acceptable):
150 Alhambra Circle
Suite 1150
 City: **Coral Gables** FL Zip Code: **33134**

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: *Nicole J. Huesmann* **Nicole J. Huesmann** **3/12/2003**
Signature of individual who is changing the agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Director Gabriela Luedenbach 150 Alhambra Circle, Suite 1150 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gabriela Luedenbach* **Gabriela Luedenbach, Director** **3/12/2003** **305-858-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (10/02)