

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 008 ***150.00

DOCUMENT # P02000070968

1. Entity Name

CASEWORKS, INC.



Principal Place of Business

3552 E 10 CT
HIALEAH FL 33013

Mailing Address

2087 SW 138 CT
MIAMI FL 33175



2. Principal Place of Business

3552 E 10th CT

Suite, Apt. #, etc.

Hialeah FL

3. Mailing Address

3552 E. 10th CT

Suite, Apt. #, etc.

Hialeah FL

City & State

City & State

Hialeah FL

Zip

33013

Country

USA

Zip

33013

Country

USA

4. FEI Number

04-3695053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

BENAVENTE, JUAN M JR
2087 SW 138 CT
MIAMI FL 33175

7. Name and Address of New Registered Agent

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

Elizabeth Benavente

02/06/06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BENAVENTE, JUAN M JR
STREET ADDRESS 2087 SW 138 CT
CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ Delete
NAME BENAVENTE, ELIZABETH
STREET ADDRESS 2087 SW 138 CT
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☐ Addition
NAME 1177 SW 23 AVE
STREET ADDRESS MIAMI, FL 33135
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☐ Addition
NAME 1177 SW 23 AVE
STREET ADDRESS MIAMI, FL 33135
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 *Elizabeth Benavente* / *Elizabeth Benavente* 305691-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #