2006 REINSTATEMENT

FOR PROFIT CORPORATION
~~UNIFORM BUSINESS REPORT (UBR)~~

APPROVED AND FILED
06 MAY 22 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074091

1. Entity Name
Casa Bianchi, Corp

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06 Rec
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number: 20-4894726 / Applied For / Not Applicable
1001 E. 26TH ST		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Hialeah FL	City & State	
Zip: 33013 Country: USA	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Morales, Pedro
Street Address (P.O. Box Number is Not Acceptable): 1001 E. 26TH ST
City: Hialeah FL Zip Code: 33013

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: P. Morales
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

000075562020
05/31/06--01033--018 **300.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	PEDRO MORALES	
STREET ADDRESS	1001 E. 26TH ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	V	
NAME	RUTH CARRASQUILLA	
STREET ADDRESS	1001 E. 26TH ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: P. Morales
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **CASA BIANCHI, CORP**

Thank you for your courtesy in this matter.

PEDRO MORALES
PRESIDENT