


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90055 031 \*\*\*150.00

<b>DOCUMENT # P02000074091</b> 1. Entity Name <b>CASA BIANCHI, CORP.</b>					
Principal Place of Business <b>1001 EAST 26TH STREET HIALEAH, FL 33013 US</b>			Mailing Address <b>1001 EAST 26TH STREET HIALEAH, FL 33013 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1001 East 26th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>1001 East 26th ST</b> Suite, Apt. #, etc.			
City & State <b>Hialeah, FL</b> Zip <b>33013</b>		City & State <b>Hialeah, FL</b> Zip <b>33013</b>		4. FEI Number <b>20-4894726</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MORALES, PEDRO 1001 EAST 26TH STREET HIALEAH, FL 33013</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORALES, PEDRO 1001 EAST 26TH STREET HIALEAH, FL 33013 <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	ST CASSASQUILLA, RUTH 1001 EAST 26TH STREET HIALEAH, FL 33013 <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	P LOPEZ, ALEJANDRO C 170 ROYAL PALM ROAD HIALEAH GARDENS, FL 33016 <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	
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 exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>P. Morales</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>5-17-07</b> Date		
			Daytime Phone #		