NOV-08-04 TUE 11:13 AM P.01

REINSTATEMENT 04

1 of 2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 NOV 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080036

1. Entity Name
CASA VALENCIANA, INC.

Principal Place of Business	Mailing Address
PO BOX 347106 CORAL GABLES, FL 33234	PO BOX 347106 CORAL GABLES, FL 33234

M/21/04 90027 037 - 150.00

07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1014952

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARIA C. LONGO
1OCARAGON AVENUE
APT. 920
Coral GABLES, FL 33134

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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 Maria C Longo Maria C. Longo 07/03/2004
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LONGO, MARIA C
STREET ADDRESS	744 BILTMORE WAY STE 2
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TV
NAME	LONGO, ADRIEL
STREET ADDRESS	CARRETERA 845 K M O 5
CITY-ST-ZIP	CUPEY BAJO, PR 00926
TITLE	
NAME	M/21/04 90027 037 - 150.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	REINSTATEMENT 04
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maria C Longo Maria C. Longo 07/03/04 305-441 0145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CasaValenciana, Inc.

P.O. Box 347106
Coral Gables, FL 33133

November 8, 2004

Ms. Michelle Miligan
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Michelle::

As per our telephone conversation, enclosed please find the 2004 for Profit Corporation Annual Report for Casa Valenciana, Inc. for processing. We respectfully request the waiver of the late filing penalty due to the fact that the letter requesting additional information to file the report was not received.

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Grizel Gil at 305- 441-1012 ext. 235.

Sincerely

Grizel Gil