

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90006 041 ***158.75

DOCUMENT # P03000014205

1. Entity Name

CASABELLA CUSTOMER HOMES., CORP.



Principal Place of Business

16405 SW 86 CT
MIAMI FL 33165

Mailing Address

16405 SW 86 CT
MIAMI FL 33165

24085656

2. Principal Place of Business

16405 SW 86 CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 972717

Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

Palmetto Bay, FL

City & State

MIAMI, FL

4. FEI Number

EIN 753116430

Applied For

Not Applicable

Zip 33157

Country

DODE

Zip 33197

Country

DODE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ DE ROSAS, MARJORIE L
16405 SW 86 CT
MIAMI FL 33165

Name

Nicolas Gomez de Rosas

Street Address (P.O. Box Number is Not Acceptable)

16405 SW 86 CT

City

Palmetto Bay

FL

Zip Code

33197

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

Nicolas Gomez
Signature, typed or printed name of registered agent and title if applicable.

Nicolas Gomez / Pres.

9-13-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 P ☐ Delete
NAME GOMEZ DE ROSAS, NICOLAS JR
STREET ADDRESS 16405 SW 86 CT
CITY-ST-ZIP MIAMI FL 33157

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

TITLE VP ☐ Delete
NAME GOMEZ DE ROSAS, DANIEL SR.,
STREET ADDRESS 2435 SW 115 AVE
CITY-ST-ZIP MIAMI FL 33165

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

TITLE D ☒ Delete
NAME GOMEZ DE ROSAS, MARJORIE L
STREET ADDRESS 16405 SW 86 CT
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ Delete
NAME LORENZO, MADELIN
STREET ADDRESS 2435 SW 115 AVE
CITY-ST-ZIP MIAMI FL 33165

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-04

Date

786-290-0135

Daytime Phone #