

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90011 010 \*\*\*158.75

**DOCUMENT # P03000014205**

1. Entity Name

CASABELLA CUSTOM HOMES., CORP.



Principal Place of Business

2435 SW 115 AVE  
MIAMI FL 33165

Mailing Address

P.O. BOX 972717  
MIAMI FL 33197



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

75-3116430

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GOMEZ DE ROSOS, NICOLAS  
2435 SW 115 AVE  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name Gomez de Rosas, DANIEL

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

2435 SW 115 AVE

City MIAMI

FL

Zip Code

33165

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 / Nicolas Gomez / PRESIDENT

2/9/06

Signature, typed or printed name of registered agent (delete if applicable)

(NOTE: Registered Agent signature required when reconstituting)

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	P	<input type="checkbox"/> Delete
NAME	GOMEZ DE ROSAS, NICOLAS JR.	<input checked="" type="checkbox"/> Change Address
STREET ADDRESS	16405 SW 86 CT	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOMEZ DE ROSAS, DANIEL SR.,	
STREET ADDRESS	2435 SW 115 AVE	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LORENZO, MADELIN	
STREET ADDRESS	2435 SW 115 AVE	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ DE ROSAS, NICOLAS JR.	
STREET ADDRESS	9841 SW 121ST	
CITY - ST - ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Nicolas Gomez / Nicolas Gomez

2/9/06

786-290-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #