2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-26-2004 91129 001 *****8.75
04-26-2004 91129 002 ***150.00

04222004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000046575

1. Entity Name
CASA FACIL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3900 NW 79 AVE #529 MIAMI, FL 33166	3900 NW 79 AVE #529 MIAMI, FL 33166

2. Principal Place of Business		3. Mailing Address	
2103 SW 22nd St		2103 SW 22nd St	
Suite, Apt. #, etc. Suite #405		Suite, Apt. #, etc. Suite #405	
City & State Miami, Fl		City & State Miami, Fl	
Zip 33145	Country USA	Zip 33145	Country USA

4. FEI Number 51-0462213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAREJO, CARMEN M
3900 NW 79 AVE #529
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PST FERNANDEZ GALAN, FRANCISO M 6821 NW 113 CT MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: FRANCISCO M. FERNANDEZ GALAN 04/23/04 3055860996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #