FILED
Apr 08, 2005 8:00 am
Secretary of State
02-25-2005 90147 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000052729

1. Entity Name
CASA DEL REY OF COCOA, INC.

66009082

Principal Place of Business	Mailing Address
966 FLORIDA AVE S. ROCKLEDGE, FL 32955	~~351 BROOKCREST CIR~~ ~~ROCKLEDGE, FL 32955~~

2. Principal Place of Business	3. Mailing Address
	PO Box 561118
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Rockledge FL
Zip / Country	Zip: 32956 Country: USA

02162005 Chg-P CR2E034 (10/03)

4. FEI Number: 05-0548258 ☐ Applied For ☐ Not Applicable

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
~~OJEDA, FRANCISCO~~ 351 BROOKCREST CIR ROCKLEDGE, FL 32955	Name: Ronald A Dubois, CPA Street Address (P.O. Box Number is Not Acceptable): 351 Brookcrest Circle City: Rockledge FL Zip Code: 32955

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: [signature] 4-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	D, ~~Pres, Treas~~ ~~OJEDA, FRANCISCO~~ ~~1474 WELLINGTON CIR~~ ~~ROCKLEDGE, FL 32955~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D, Secty Thomas J Diaz 347 Castlewood Lane Rockledge, FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, JAVIER 1425 VICTORIA BLVD ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, Treas, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 2-19-05 321-632-0769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas Diaz, VP