

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P03000059108

1. Entity Name
CASA MEXICANA CORPORATION



Principal Place of Business
**237 WEST BROAD ST
GROVELAND, FL 34736**

Mailing Address
**PO BOX 682
MASCOTTE, FL 34753-2**

2. Principal Place of Business
2

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED
04 OCT -4 AM 10:37
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09202004 Chg-P CR2E034 (10/03)

4. FEI Number
33-0599101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO, BEHTZABEL
237 WEST BROAD ST
GROVELAND, FL 34736**

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 *Behtzabel Castillo* DATE 09-20-04

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, JOSE D 237 WEST BROAD ST GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTILLO, BEHTZABEL 237 WEST BROAD ST GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Behtzabel Castillo* DATE 09-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR