

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

07-19-2004 90012 012 ***558.75

DOCUMENT # P03000065245 1. Entity Name CASA COY HOLDINGS, INC.					
Principal Place of Business 3911 S.W. 67TH AVENUE MIAMI, FL 33155			Mailing Address 3911 S.W. 67TH AVENUE MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

03082004 Chg-P CR2E034 (10/03)

4. FEI Number 377469948		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ-PADRON & ASSOCIATES, P.A. 3911 S.W. 67TH AVENUE MIAMI, FL 33155		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

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	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P	DIAZ-PADRON, CRISTINA	1528 CANTORIA AVENUE	CORAL GABLES, FL 33148					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 7-8-2004 3-5-661-3057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR