

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000075187

1. Entity Name
ESTA CASA ES MIA, INC.



Principal Place of Business
7990 SW 117 AVENUE, #137
MIAMI, FL 33183

Mailing Address
7990 SW 117 AVENUE, #137
MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90327 014 ***150.00

40000000



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0162880	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIAS, ANTONIO
10720 SW 72 AVENUE
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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] (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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE D
NAME VIAS, ANTONIO
STREET ADDRESS 10720 SW 72 AVENUE
CITY-ST-ZIP MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

TITLE
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 Chapter 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 all other like empowered.

SIGNATURE:

[Signature] (Signature, typed or printed name of signing officer or director)

4-11-07 305-588-5303
Date Daytime Phone #