2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State
03-18-2005 90062 034 ***150.00

DOCUMENT # P03000088464

1. Entity Name
AMERICASA GROUP, CORP

Principal Place of Business	Mailing Address
4013 -B BROADWAY WEST PALM BEACH FL 33407	4013- B BROADWAY WEST PALM BEACH FL 33407

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90-0104899 ☐ 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
MENDEZ, LUIS J 6601 SW 6TH. STREET MIAMI FL 33144	Name BRYNA CASTILLO Street Address (P.O. Box Number is Not Acceptable) 4013 B BROADWAY City W. PALM BEACH FL Zip Code 33407

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 ✓ Bryna Castillo 3/14/05
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
Make Check Payable to Florida Department of State

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, PRYNA V 4013-B BROADWAY WEST PALM BEACH FL 33407	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRYNA CASTILLO 4013-B BROADWAY WEST PALM BEACH FL 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDEZ, LUIS J 6601 SW 6TH. STREET MIAMI FL 33144	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEBASTIAN CASTILLO 4013-B BROADWAY WEST PALM BEACH FL 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: ✓ Bryna Castillo 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #