


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90038 018 ***150.00

DOCUMENT # P03000091199 1. Entity Name MI CASA BUILDERS OF FLORIDA, INC.			
Principal Place of Business 2705 S.W. ANDERSON ROAD AVON PARK, FL 33825		Mailing Address 2705 S.W. ANDERSON ROAD AVON PARK, FL 33825	
2. Principal Place of Business - No P.O. Box # 3259 W. Lk. Chilton Dr.		3. Mailing Address 3259 W. Lk. Chilton Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Avon Park, FL		City & State Avon Park, FL	
Zip 33825		Zip 33825	
Country USA		Country USA	
4. FEI Number 55-0844843		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 CRUZ, ANTHONY 2705 S.W. ANDERSON ROAD AVON PARK, FL 33825		7. Name and Address of New Registered Agent Name Cruz, Anthony Street Address (P.O. Box Number is Not Acceptable) 3259 West Lake Chilton Drive City Avon Park, FL	
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.		Zip Code 33825	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES CRUZ, ANTHONY 2705 SW ANDERSON RD. AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres - Anthony Cruz, Anthony Cruz, West Lake Chilton Drive, Avon Park, FL, 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CRUZ, JOSE M 2705 SW ANDERSON RD. AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.			
SIGNATURE: _____ Anthony Cruz		Date 1/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 863-453-0739	