

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90040 042 \*\*\*150.00

**DOCUMENT # P03000133165**

1. Entity Name  
**CASA BELLA REAL ESTATE, INC.**



Principal Place of Business  
**6349 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33487**

Mailing Address  
**6349 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33487**

**94032059**

2. Principal Place of Business  
**3925 N. Boynton Beach Blvd**  
Suite, Apt. #, etc.  
**103**

3. Mailing Address  
**(SAME AS ABOVE)**  
Suite, Apt. #, etc.

City & State  
**Boynton Beach Florida**

City & State

03092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2415068**

Applied For  
Not Applicable

Zip  
**33436**

Country  
**U.S.A**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**

Name  
**John J. McCann**  
Street Address (P.O. Box Number is Not Acceptable)

**6349 N. Federal Highway**  
City **Boca Raton** **FL** Zip Code **33487**

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 reinstating)

DATE

**3/12/04**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**MCCANN, JOHN**  
**6349 NORTH FEDERAL HIGHWAY**  
**BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/04**

Date

Daytime Phone #

**561-988-5377**