


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90395 003 ***150.00

DOCUMENT # P03000135932					
1. Entity Name CASKAL INC. OF FLORIDA					
Principal Place of Business 933 RIDGE STREET LAKE WORTH FL 33460 US			Mailing Address 933 RIDGE STREET LAKE WORTH FL 33460 US		
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 16-1688245	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEIN, CAROL A 933 RIDGE STREET LAKE WORTH FL 33460				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEIN, CAROL A		NAME		
STREET ADDRESS	933 RIDGE STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEIN, CAROL A		NAME		
STREET ADDRESS	933 RIDGE STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATOUR, KIMBERLY A		NAME		
STREET ADDRESS	933 RIDGE STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	TRE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATOUR, KIMBERLY A		NAME		
STREET ADDRESS	933 RIDGE STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Carol A Stein</u> 4-29-04 561-386-5456					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					