


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000135932

1. Entity Name
CASKAL INC. OF FLORIDA



Principal Place of Business
**9239 ARTIST PLACE
LAKE WORTH, FL 33467 US**

Mailing Address
**9239 ARTIST PLACE
LAKE WORTH, FL 33467 US**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1688245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEIN, CAROL A
9239 ARTIST PLACE
LAKE WORTH, FL 33467**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000544085
05/11/06-80022-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEIN, CAROL A
STREET ADDRESS	9239 ARTIST PLACE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	STEIN, CAROL A
STREET ADDRESS	9239 ARTIST PLACE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SEC
NAME	LATOUR, KIMBERLY A
STREET ADDRESS	9239 ARTIST PLACE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TRE
NAME	LATOUR, KIMBERLY A
STREET ADDRESS	9239 ARTIST PLACE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Carol A. Stein Carol A Stein* **4-27-06 561-386-545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #