

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158057

FILED
Aug 06, 2008
Secretary of State

Entity Name: LAS CASITAS DESIGN GROUP. INC.

Current Principal Place of Business:

2453 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

2451 BEE RIDGE ROAD
SARASOTA, FL 34239

Current Mailing Address:

2453 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

2451 BEE RIDGE ROAD
SARASOTA, FL 34239

FEI Number: 26-0542551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, XAVIER E SR.
2453 BEE RIDGE ROAD
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

GARCIA, XAVIER E SR.
2451 BEE RIDGE ROAD
SARASOTA, FL 34239 US

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.

SIGNATURE:

08/06/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, XAVIER E SR
Address: 2453 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: GARCIA, ALICIA
Address: 2453 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, XAVIER E SR
Address: 2451 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Change () Addition
Name: GARCIA, ALICIA E
Address: 2451 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XAVIER E. GARCIA, SR.

D

08/06/2008

Electronic Signature of Signing Officer or Director

Date