2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158057

Entity Name: LAS CASITAS DESIGN GROUP. INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2451 BEE RIDGE ROAD 3277 FRUITVILLE ROAD, D-2 SARASOTA, FL 34239 SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

2451 BEE RIDGE ROAD 3277 FRUITVILLE ROAD, D-2 SARASOTA, FL 34239 SARASOTA, FL 34237

FEI Number: 26-0542551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, XAVIER E SR.

2451 BEE RIDGE ROAD

SARASOTA, FL 34239 US

GARCIA, XAVIER E SR.

3277 FRUITVILLE ROAD, D-2
SARASOTA, FL 34237 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: 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, XAVIER E SR
Address: 2451 BEE RIDGE ROAD

Address: 2451 BEE RIDGE ROAD City-St-Zip: SARASOTA, FL 34239

 Title:
 D
 () Delete

 Name:
 GARCIA, ALICIA E

 Address:
 2451 BEE RIDGE ROAD

Address: 2451 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:
 3277 FRUITVILLE RD, D-2

 City-St-Zip:
 SARASOTA, FL 34237

Title: D (X) Change () Addition

Name: GARCIA, ALICIA E

Address: 3277 FRUITVILLE ROAD, D-2 City-St-Zip: SARASOTA, FL 34237

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 03/23/2009