

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

03-10-2005 90145 040 ***150.00
P04000014688

FILED

05 SEP 22 PM 4:16

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000014688

1. Entity Name
CASSANDRA PROPERTIES, INC.



Principal Place of Business
**2621 MILTON AVENUE
KISSIMMEE, FL 34741**

Mailing Address
**2621 MILTON AVENUE
KISSIMMEE, FL 34741**



03072005 Chg-P CR2E034 (10/03)

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVER, IRA S
108 S. MIAMI AVENUE
SECOND FLOOR
MIAMI, FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D** ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
**CAMACHO, RUBEN
2621 MILTON AVENUE
KISSIMMEE, FL 34741**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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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

Date

Daytime Phone #

3/7/05

Ruben Camacho
2621 Milton Ave
Kissimmee, FL 34741

September 20, 2005

RE: Cassandra Properties, Inc.
Doc # P04000014688

Dear Madam or Sirs,

We looked on the internet and noticed that our corporation referenced above had been dissolved. We called and talked with a representative at your office and he said to send in a copy of the original form along with this letter stating that we had not received any additional information from you.

We do not need a federal ID# at this time and we did not receive a notice from you concerning the need to include a federal ID#. Included is a copy of the check we used to pay the annual fee which you still have. Please reinstate our corporation at this time.

Thank you

A handwritten signature in black ink, appearing to be 'Ruben Camacho', with a stylized flourish at the end.

Ruben Camacho