2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024441

Entity Name: CASES I ASSOCIATS MIAMI, INC.

FILED Apr 20, 2005 Secretary of State

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

2655 LEJEUNE ROAD SUITE 804 2655 S. LEJEUNE ROAD CORAL GABLES, FL 33134

SUITE 804

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2655 LEJEUNE ROAD SUITE 804 2655 S. LEJEUNE ROAD CORAL GABLES, FL 33134

SUITE 804

CORAL GABLES, FL 33134

KATES, LESTER G ESQ

FEI Number: 20-0725226 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:

KATES, LESTER G ESQ 2655 LEJEUNE ROAD SUITE 804

2655 S. LEJEUNE ROAD CORAL GABLES, FL 33134 SUITE 804

CORAL GABLES, FL 33134 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: LESTER G. KATES, ESQ 04/20/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition TORRENTS, JORDI R CASES PALLARES, ANTONI Name: Name:

2655 LEJEUNE ROAD SUITE 804 1250 20 STREET, UNIT C Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Delete Title: () Change (X) Addition PALACIOS OSAMBELA, JOSE IGNACIO Name: Name:

Address: 1250 20 STREET, UNIT C Address: MIAMI BEACH, FL 33140 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTONI CASES PALLARES PD 04/20/2005