2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🕿

SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2007 8:00 am Secretary of State **DOCUMENT # P04000024441** 1. Entity Name 01-31-2007 90038 004 ***150.00 CASES I ASSOCIATS MIAMI, INC. Principal Place of Business Mailing Address יטטעם 🚣 ־ 2655 S. LEJEUNE ROAD 2655 S. LEJEUNE ROAD SUITE 804 SUITE 804 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1935 WEST AVENUE 1935 WEST AU. Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 # 204 Chg-P CR2E034 (12/06) # 204 City & State City & State 4. FEI Number Applied For BEACH MIAMI MIANI BEACH, FL 20-0725226 Not Applicable \$8.75 Additional 33139 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATES, LESTER G ESQ Street Address (P.O. Box Number is Not Acceptable) 2655 S. LEJEUNE ROAD **SUITE 804** CORAL GABLES, FL 33134 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 If 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition Change Change NAME CASES PALLARES, ANTONI NAME - 1935 WEST AVENUE # 204 1250 20 STREET, UNIT C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE ☐ Delete TITLE Change ☐ Addition PALACIOS OSAMBELA, JOSE IGNACIO NAME NAME 1250 20 STREET, UNIT C STREET ADDRESS STREET ADDRESS - 1935 WEST AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-7IP MIAHI BEACH, FL 33139 Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

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