## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000069035

FILED Mar 09, 2005 Secretary of State

Entity Nam	1e: CASMAKII	NC				
Current Principal Place of Business:				New Principal Place of Business:		
15870 SW MIAMI, FL	105 AVENUE 33155					
Current Mailing Address:				New Mailing Address:		
15870 SW : MIAMI, FL :	105 AVENUE 33155			PO BOX 570146 MIAMI, FL 33257		
FEI Number:	20-1167697	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CODLING, LINFORD 15870 SW 105 AVENUE MIAMI, FL 33155 US				CODLING, LINFORD 9635 SW 181 TERRACE MIAMI, FL 33157 US		
The above in the State		ıbmits this statement for the p	urpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE:				03/09/2005		
	Electronic	Signature of Registered Age	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E REID, AUDREY F 15870 SW 105 A MIAMI, FL 33155	VENUE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () E REID, TYRONE A 15870 SW 105 A MIAMI, FL 33156	VENUE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: AUDREY REID Ρ 03/09/2005