2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 JAN 23 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000137249

1. Entity Name
CASOLIBA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
336 13TH AVE. S NAPLES, FL 34102	336 13TH AVE. S NAPLES, FL 34102
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10212013 Chg-P CR2E034 (12/11)

4. FEI Number
42-1664427
Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONACHE-PAREDES, MONTSERRAT
336 13TH AVE S
NAPLES, FL 34102

7. Name and Address of New Registered Agent

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 $550.00
Due by September 27, 2013

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 STREET ADDRESS CITY-ST-ZIP	P BONACHE-PAREDES, MONTSERRAT 336 13TH AVE S NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700253396267 10/31/13--01002--006 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] 10.22.13. casoLiba@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E-MAIL ADDRESS

www.sunbiz.org Corporations Payments Tools Activity

Information

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TALLAHASSEE, FLORIDA

Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
p04000137249-12f10bbe-c1e0-4df7-97cb-2f7b3e5c1259	Session file for p04000137249 with last modified date of 1/23/2013 11:02:30 AM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P04000137249-3594ae32-bda8-4a49-a67d-8d74f356db5d	P04000137249	0	2	3/10/2010 12:00:00 AM
P04000137249-3a110ef4-a8bf-4f0c-a376-10a680dd629e	P04000137249	0	2	2/3/2012 12:00:00 AM
P04000137249-75e56f07-5212-4391-9ff5-4df971f5ccb0	P04000137249	0	2	4/6/2011 12:00:00 AM