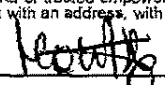


2013 FOR PROFIT CORPORATION ANNUAL REPORT

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13 JAN 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000137249					
1. Entity Name CASOLIBA ENTERPRISES, INC.					
Principal Place of Business 336 13TH AVE. S NAPLES, FL 34102			Mailing Address 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	4. FEI Number 42-1664427	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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, in ink or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when submitting.) 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	☐ Change ☐ Addition 700253396267 10/31/13--01002--006 **150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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: 		10.22.13. casoliba@gmail.com			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		E-MAIL ADDRESS	



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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

