


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # P04000153399 1. Entity Name CASABLANCA SERVICES ENTERPRISES, INC	
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Principal Place of Business 8849 LATREC AV 203 ORLANDO, FL 32819	Mailing Address 8849 LATREC AV 203 ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



08202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1850262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERRIO, MARIA T 8949 LATREC AV 203 ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE P	DE VAN DIJK, MARIA L
NAME DE VAN DIJK, MARIA L	8849 LATREC AV APT 203
STREET ADDRESS 8849 LATREC AV APT 203	ORLANDO, FL 32819
CITY-ST-ZIP	
TITLE VP	BERRIO, MARIA T
NAME BERRIO, MARIA T	8849 LATREC AV APT 203
STREET ADDRESS 8849 LATREC AV APT 203	ORLANDO, FL 32819
CITY-ST-ZIP	
TITLE S	BERRIO, MARIA T
NAME BERRIO, MARIA T	8849 LATREC AV APT 203
STREET ADDRESS 8849 LATREC AV APT 203	ORLANDO, FL 32819
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/05/07-80003-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Maria Teresa Berrio Maria T. Berrio **08/20/07 407-276-6228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #