2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2006 JAN -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000162153

1. Entity Name
TERRAZAS DE MIAMI INCORPORATED

Principal Place of Business	Mailing Address
2655 LEILUNE RD #507 CORAL GABLES, FL 33134	2655 LEILUNE RD #507 CORAL GABLES, FL 33134

01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0419632
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W 16TH STREET
FT LAUDERDALE, FL 33311-4132

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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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: If registered agent signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	CASCARANO, FRANCISCO
STREET ADDRESS	2655 LEJEUNE RD #507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	CASCARANO, GUISEPPE
STREET ADDRESS	2655 LEJEUNE RD #507
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] Atty at Fact 1/5/06
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE)
Daytime Phone #