


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90155 042 \*\*\*150.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # P05000015223</b><br>1. Entity Name<br><b>CASALIS SANCHEZ ENTERPRISE, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>2590 NW 14 STREET<br/>APT 5<br/>MIAMI, FL 33125</b>  |  |   | Mailing Address<br><b>P.O. BOX 2303<br/>MIAMI, FL 33245</b>                |   |  |
| 2. Principal Place of Business<br><b>18320 SW 112 CT</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>P.O. BOX 2303</b><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33157</b>  |  | City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33245</b>   |  | 4. FEI Number<br><b>20-2275755</b>  |  |
| Country  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CASALIS, JORGE E<br/>2590 NW 14 STREET<br/>APT 5<br/>MIAMI, FL 33125</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>CASALIS, JORGE E.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18320 SW 112 CT</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33157</b> |  |
| 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.<br>SIGNATURE <u><i>[Signature]</i></u> DATE <b>4-25-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P S<br>CASALIS, JORGE E<br>2590 NW 14 STREET # 5<br>MIAMI, FL 33125  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>18320 SW 112 CT<br/>MIAMI FL 33157</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP T<br>SANCHEZ, ENRIQUE<br>2590 NW 14 STREET # 4<br>MIAMI, FL 33125 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>15480 SW 19 WAY<br/>MIAMI FL 33185</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <b>JORGE CASALIS</b> <b>4/20/06</b><br><small>Date Daytime Phone #</small> |   |  |