2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/7

FILED
May 23, 2006 8:00 am
Secretary of State
04-20-2006 90188 047 ***150.00

DOCUMENT # P05000025169

1. Entity Name
CASA CHAO CO.

Principal Place of Business	Mailing Address
371 SW 21 RD MIAMI, FL 33129	371 SW 21 RD MIAMI, FL 33129

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3168 West 84 ST	SAME
Suite, Apt #, etc. 108	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State
Zip 33018 Country USA	Zip Country

4. FEI Number 202407775 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERO, GIANCARLO
371 SW 21 RD
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: Janelle Herrero
Street Address (P.O. Box Number is Not Acceptable): 371 SW 21 Rd
City: Miami FL Zip Code: 33129

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERO, GIANCARLO 371 SW 21 RD MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Janelle Herrero 371 SW 21 Rd miami, FL 33129	☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #