

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000088833

FILED
Jun 05, 2008
Secretary of State**Entity Name:** CASATAPAS IMOBILIARIA, INC**Current Principal Place of Business:**11900 BISCAYNE BLVD .
SUITE 508
MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**11900 BISCAYNE BLVD .
SUITE 508
MIAMI, FL 33181**New Mailing Address:****FEI Number:** 20-3393112**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALVAREZ, GERARDO
11900 BISCAYNE BLVD
SUITE 508
MIAMI, FL 33181 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERRAS, JOE
Address: 4971 S W 95 AVE
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: DRUKAROFF, IRMA C
Address: 11900 BISCAYNE BLVD #508
City-St-Zip: MIAMI, FL 33181

Title: O () Delete
Name: ALVAREZ, GERARDO
Address: 11900 BISCAYNE BLVD SUITE 508
City-St-Zip: MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DRUKAROFF, IRMA C
Address: 11900 BISCAYNE BLVD #508
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MARCOS, FAJARDO
Address: 11900 BISCAYNE BLVD #508
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARDO ALVAREZ

O

06/05/2008

Electronic Signature of Signing Officer or Director

Date