2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# P05000114734

Entity Name: CASILUGI CORP.

Current Principal Place of Business:

5600 COLLINS AVE., #6N
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5600 COLLINS AVE., #6N
MIAMI BEACH, FL 33140

New Mailing Address:

2530 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCESE, ADRINA
15048 SW 8TH LANE
MIAMI, FL 33154 US

Name and Address of New Registered Agent:

GUTIERREZ, GEORGE A
2600 DOUGLAS ROAD
SUITE 600
CORAL GABLES, FL 33134 US

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: A. GEORGE GUTIERREZ 05/04/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALVATORE, CARLOS
Address: 5600 COLLINS AVE., #6N
City-St-Zip: MIAMI BEACH, FL 33140

Title: V ( ) Delete
Name: VALLES, SILVIA
Address: 5600 COLLINS AVE., #6N
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: VALLE, SILVIA
Address: 5600 COLLINS AVE., #6N
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change ( ) Addition
Name: NOWOSAD, PATRICIA
Address: 2530 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA NOWOSAD TRE 05/04/2006
Electronic Signature of Signing Officer or Director Date