

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114734

Entity Name: CASILUGI CORP.

FILED  
May 29, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

2530 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

## New Mailing Address:

15048 SW 8TH LANE  
MIAMI, FL 33194

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SALVATORE, CARLOS A  
5600 COLLINS AVE  
APT # 6N  
MIAMI BEACH, FL 33140 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: CAS

05/29/2008

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAS

P

05/29/2008

Electronic Signature of Signing Officer or Director

Date