## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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**DOCUMENT #** 

CASA AMBIENTE, INC. Mailing Address Principal Place of Business 2000 S BAYSHORE DR 2000 S BAYSHORE DR LINIT NO 8 UNIT NO 8 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3a. Date of Last Report 3. Date Incorporated or Qualified 06/20/1995 09/12/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0520046 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #. etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zιρ Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Rſ Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, HAROLD L 82 TWO S BISCAYNE BLVD 83 **SUITE 3250** Zip Code **MIAMI FL 33131** 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition DELETE 1. 1 TITLE TITLE 1.2 NAME MOORE, MARCHANT NAME 2006S BAYSHORE DR 8 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL C(TY-ST-ZIP Change ☐ Addition DELETE 2 1 TITLE TITLE 2.2 NAME MARKERT, SUSAN 3614 BAYVIEW 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY - ST - ZIP CITY - ST- ZIP Addition ☐ Change DELETE 3 1 TIDE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST-ZIP ■ Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-\$1-ZIP Change Addition DELETE 5 1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHTY - ST - ZIP Change Addition DELETE 6 1 TITLE TOLE 6.2 NAME

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 Right 13 or Right 13 if changed, or on an attachment with an address. appears in Block 12 or Block

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

1 Marchant Moore noore

(12/95)CR2E034