



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000035178	
1. Entity Name MI CASA, INC.	

Principal Place of Business 7900 GLADES RD. SUITE 420 BOCA RATON, FL 33434	Mailing Address 7900 GLADES RD. SUITE 420 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE

	
01162004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0580078	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOPPEL, MICHAEL 7900 GLADES ROAD STE 420 BOCA RATON, FL 33434
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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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	WWW00100551 10/01/04-80011-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOPPEL, HAROLD 7900 GLADES ROAD STE 420 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TOPPEL, MICHAEL 7900 GLADES ROAD STE 420 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOPPEL, JONATHAN 7900 GLADES RD STE 420 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.
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SIGNATURE:  Michael Toppel	3/26/04 561-451-4696
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>