


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 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 65-0580078 | Applied For 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 RAOD
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000100551
 04/01/04-80011-021 150.00

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.

SIGNATURE:  **Michael Toppel** **3/26/04** **561-451-4696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #