


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90181 034 ***150.00

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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2. Principal Place of Business 7900 Glades Rd.	3. Mailing Address 7900 Glades Rd.
Suite, Apt. #, etc. Suite #600	Suite, Apt. #, etc. Suite #600
City & State Boca Raton, FL	City & State Boca Raton, FL.
Zip 33434	Country Palm Beach

20048002



01172005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0580078	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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7900 Glades Rd. Suite #600 City Boca Raton FL Zip Code 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 *[Signature]* **Michael Toppel VP** **4/19/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOPPEL, HAROLD		NAME Harold Toppel	
STREET ADDRESS 7900 GLADES ROAD STE 420		STREET ADDRESS 7900 Glades Rd. Suite #600	
CITY-ST-ZIP BOCA RATON, FL		CITY-ST-ZIP Boca Raton, FL. 33434	
TITLE VPD	<input type="checkbox"/> Delete	TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOPPEL, MICHAEL		NAME Michael Toppel	
STREET ADDRESS 7900 GLADES ROAD STE 420		STREET ADDRESS 7900 Glades Rd. Suite #600	
CITY-ST-ZIP BOCA RATON, FL		CITY-ST-ZIP Boca Raton, FL 33434	
TITLE STD	<input type="checkbox"/> Delete	TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOPPEL, JONATHAN		NAME Jonathan Toppel	
STREET ADDRESS 7900 GLADES RD STE 420		STREET ADDRESS 7900 Glades Rd. Suite #600	
CITY-ST-ZIP BOCA RATON, FL		CITY-ST-ZIP Boca Raton, FL. 33434	
TITLE	<input type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Sheri Sauer	
STREET ADDRESS		STREET ADDRESS 7900 Glades Rd. Suite #600	
CITY-ST-ZIP		CITY-ST-ZIP Boca Raton, FL 33434	
TITLE	<input type="checkbox"/> Delete	TITLE TREASURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Kevin Kassebaum	
STREET ADDRESS		STREET ADDRESS 7900 Glades Rd. Suite#600	
CITY-ST-ZIP		CITY-ST-ZIP Boca Raton, FL-33434	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Harold Toppel President** **4/19/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-451-4696