


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000035178</b> 1. Entity Name MI CASA, INC.	
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Principal Place of Business 7900 GLADES RD. SUITE 600 BOCA RATON, FL 33434	Mailing Address 7900 GLADES RD. SUITE 600 BOCA RATON, FL 33434
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0580078

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOPPEL, MICHAEL  
7900 GLADES ROAD  
600  
BOCA RATON, FL 33434

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOPPEL, HAROLD 7900 CLADES ROAD, SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOPPEL, MICHAEL 7900 CLADES ROAD, SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOPPEL, JONATHAN 7900 CLADES ROAD, SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUER, SHERI 7900 CLADES ROAD, SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KASSEBAUM, KEVIN 7900 CLADES ROAD, SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Toppel* *3/02/06* *561-451-463*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone