

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 013 ***150.00

DOCUMENT # P96000021465

1. Entity Name
CASILDA INVESTMENTS, INC.



Principal Place of Business
**12765 FOREST HILL BLVD.
SUITE 1302
WEST PALM BEACH, FL 33414**

Mailing Address
**12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414 US**

40047238



04052006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0649104

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III
12765 FOREST HILL BLVD, SUITE 1302
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name
Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Blvd, Ste 1302

City **Wellington** FL **33414**

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 By Mario G. de Mendoza, III Mario G. de Mendoza, III, Pres. 4/6/06
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **DEMENDOZA, ENRIQUE G**
STREET ADDRESS **12765 FOREST HILL BLVD, SUITE 1302**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **P** ☐ Change ☒ Addition
NAME **Matilde Gonzalez de Mendoza de Senior**
STREET ADDRESS **12765 Forest Hill Blvd, Suite 1302**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **AS** ☐ Delete
NAME **DEMENDOZA III, MARIO G**
STREET ADDRESS **12765 FOREST HILL BOULEVARD, SUITE 1302**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **VD** ☐ Change ☒ Addition
NAME **Oscar A. Klempner**
STREET ADDRESS **12765 Forest Hill Blvd, Suite 1302**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Change ☐ Addition
NAME **Mario G. de Mendoza, III**
STREET ADDRESS **12765 Forest Hill Blvd, Suite 1302**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mario G. de Mendoza, III **Mario G. de Mendoza, III, Treasurer** 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #