

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000032797					
1. Entity Name A & G CASA MARINA, INC.					
Principal Place of Business 302 NORTH DALE MABRY TAMPA FL 33609			Mailing Address 302 NORTH DALE MABRY TAMPA FL 33609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3397068	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applied ☐	
6. Name and Address of Current Registered Agent GOMEZ, FRANCISCO M 302 NORTH DALE MABRY TAMPA FL 33609				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS					
TITLE	PTD ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	GOMEZ, FRANCISCO M	TITLE	☐ Change ☐ Add		
STREET ADDRESS	302 NORTH DALE MABRY	NAME			
CITY-ST-ZIP	TAMPA FL 33609	STREET ADDRESS			
		CITY-ST-ZIP	U00000505030 04/26/06-80100-007 158.75		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	GOMEZ, MARIA R	NAME			
STREET ADDRESS	302 NORTH DALE MABRY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP			
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	ASOREY, LUIS A	NAME			
STREET ADDRESS	302 NORTH DALE MABRY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	ASOREY, NEREIDA R	NAME			
STREET ADDRESS	302 NORTH DALE MABRY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
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 exemptions contained in Section 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 time empowered.

SIGNATURE: _____

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

813-813-266