


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000032797</b>	
1. Entity Name <b>A &amp; G CASA MARINA, INC.</b>	

Principal Place of Business <b>302 NORTH DALE MABRY TAMPA, FL 33609</b>	Mailing Address <b>302 NORTH DALE MABRY TAMPA, FL 33609</b>
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**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3397068</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, FRANCISCO M  
302 NORTH DALE MABRY  
TAMPA, FL 33609**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	04/25/07-80069-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	<b>GOMEZ, FRANCISCO M</b>
NAME	<b>302 NORTH DALE MABRY</b>
STREET ADDRESS	<b>TAMPA, FL 33609</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>GOMEZ, MARIA R</b>
NAME	<b>302 NORTH DALE MABRY</b>
STREET ADDRESS	<b>TAMPA, FL 33609</b>
CITY-ST-ZIP	
TITLE <b>VSD</b>	<b>ASOREY, LUIS A</b>
NAME	<b>302 NORTH DALE MABRY</b>
STREET ADDRESS	<b>TAMPA, FL 33609</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>ASOREY, NEREIDA R</b>
NAME	<b>302 NORTH DALE MABRY</b>
STREET ADDRESS	<b>TAMPA, FL 33609</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**SIGNATURE:** **FRANCISCO M. GOMEZ**  **01/31/07** **813-873-2663**

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