2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 28, 2005 08:00 AM DOCUMENT # P96000033704 1. Entity Name **Secretary of State** CASA IMPORTS, INC. Principal Place of Business Mailing Address 16340 SAN CARLOS BLVD 16340 SAN CARLOS BLVD FÖRT MYERS FL 33908 US FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0692803 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARENILLAS, MIGUEL 245 MADISON COURT Street Address (P.O. Box Number is Not Acceptable) FT MYERS BEACH FL 33931 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE muChange ☐ Addition ARENILLAS, MIGUEL MAME NAME STREET ADDRESS 245 MADISON COURT STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH FL CHIY-SI-ZIP MILE ☐ Delete JUHF Change ☐ Addition NAME NAME U000000277871 STREET ADDRESS STREET ADDRESS 03/28/05-80003-016 150.00 CITY-ST-ZIP CITY-ST-ZIP THELE Change Titis ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP JULE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.