


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000057698</b>		
1. Entity Name <b>CASAL C CORPORATION</b>		

Principal Place of Business <b>3810 SW. 79TH AVENUE, #56 MIAMI FL 33155</b>	Mailing Address <b>3810 SW. 79TH AVENUE, #56 MIAMI FL 33155</b>
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2. Principal Place of Business  Suits, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	4. FEI Number <b>65-0736704</b>
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>CASAL, ENRIQUE 3810 SW. 79TH AVENUE, #56 MIAMI FL 33155</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 agree to, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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 Trust Fund Contribution.  **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete <b>CASAL, ENRIQUE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>CASAL, ENRIQUE</b>	NAME	
STREET ADDRESS	<b>3810 SW. 79TH AVENUE, #56</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	CITY-ST-ZIP	
		U00000489517 04/18/06-80019-003 150.00	
TITLE	D <input type="checkbox"/> Delete <b>CASAL, CARIDAD</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>CASAL, CARIDAD</b>	NAME	
STREET ADDRESS	<b>3810 SW. 79TH AVENUE, #56</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:** *Enrique Casal* **ENRIQUE CASAL** 2/28/06 (305) 761-1324