

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000043784**

1. Entity Name  
**CASGON, INC.**



Principal Place of Business

**6175 NW 167 ST  
STE G-14  
MIAMI, FL 33015 US**

Mailing Address

**6175 NW 167 ST  
STE G14  
MIAMI, FL 33015 US**

**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0780934**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CISNEROS, ROY A  
5028 S. W. 168 AVENUE  
MIRAMAR, FL 33027**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000569076  
07/11/06-80011-008-158.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
CISNEROS, ROY A  
5028 S. W. 168 AVE.  
MIRAMAR, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
CISNEROS, AMELINA  
5028 S. W. 168 AVE.  
MIRAMAR, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

*Amelina Cisneros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 7, 2006*

Date

*305 819-2230*

Daytime Phone #