


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000092434 1. Entity Name LA CASITA, INC.	
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Principal Place of Business 15185 MCGREGOR BLVD. FT. MYERS, FL 33908	Mailing Address 15185 MCGREGOR BLVD. FT. MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0798418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOV, MARK D  
150 W. FLAGLER ST.  
MUSEUM TOWER, STE. 2200  
MIAMI, FL 33130

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAYERON, VICTOR W 15185 MCGREGOR BLVD. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYERON, KATHERINE W 15185 MCGREGOR BLVD. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYLVESTER, LYNDIA J WEST HENRY ST. SAG HARBOR, NY 11963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/29/05-80034-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katherine Mayeron Katherine Mayeron 1-26-05 239-415-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #