## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000092434

WEST HENRY ST.

SAG HARBOR, NY 11963

Address:

City-St-Zip:

Entity Name: LA CASITA, INC.

**FILED** Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15185 MCGREGOR BLVD. 15839 SILVERADO COURT FT. MYERS, FL 33908 FT. MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** 15185 MCGREGOR BLVD. 15839 SILVERADO COURT FT. MYERS, FL 33908 FT. MYERS, FL 33908 FEI Number: 65-0798418 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOLOV, MARK D 150 W. FLAGLER ST. MUSEUM TOWER, STE. 2200 MIAMI, FL 33130 ÚS 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition MAYERON, VICTOR W MAYERON, VICTOR W Name: Name: 15185 MCGREGOR BLVD. 15839 SILVERADO COURT Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908 Title: Title: () Delete (X) Change ( ) Addition Name: MAYERON, KATHERINE W Name: MAYERON, KATHERINE W 15185 MCGREGOR BLVD. 15839 SILVERADO COURT Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908 Title: Title: ( ) Delete () Change () Addition SYLVESTER, LYNDA J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VICTOR W. MAYERON **PRES** 04/28/2006