

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

DOCUMENT # P98000051230

1. Entity Name

CASA ROCA, INC.



01-31-2008 90034 048 ***150.00

Principal Place of Business
1950 N COMMERCE PK
WESTON FL 33326

Mailing Address
6002 FOUNTAIN BROOK DR.
INDIAN TRAIL NC 28079



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FE Number

65-0835774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOGUERA, OLGA N
20841 NW 4TH ST
PEMBROKE PINES FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

Olga Noguera N.

21460 NW 1 street

City Pembroke Pines

FL

Zip Code

33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, if 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 date of signature

NOTE: Registered agent must be permitted to change

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME NOGUERA, OLGA N
STREET ADDRESS 20841 NW 4TH ST
CITY-STATE-ZIP PEMBROKE FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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 an officer like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 08 - 704 684 3426