2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachme

SIGNATURE: -

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P98000053932 1. Entity Name CASCIA & ASSOCIATES, INC. Principal Place of Business Mailing Address 11840 SW 26TH CT. 11840 SW 26TH CT. DAVIE, FL 33330 **DAVIE, FL 33330** No Chg-P 03152005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0843068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE INNOCENT, MARIE P 11840 SW 26TH CT. IN THIS SPACE **DAVIE, FL 33330** 3. 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. March 29, 2005 SIGNATURE (NOTE, Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE INNOCENT, MARIE P NAME 11840 SW 26TH CT. STREET ADDRESS **DAVIE, FL 33330** CITY-ST-ZIP **94/09**000286892 **94/0**4205-80044-021 150,00 TITLE INNOCENT, CASSAGNOL NAME STREET ADDRESS 11840 SW 26TH CT. CITY-ST-7IP **DAVIE, FL 33330** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Commence of the control of the contr 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED