2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P9900005615 **DOCUMENT #** 1. Entity Name CASA DIMITRI CORP.

FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90114 013 ***150.00

					CONT. THE	^				
Principal Plac	ce of Business	Maili	ng Address		<u> </u>					
169 E. FLAGLER STREET			169 E. FLAGLER STREET				~ ~ ~	∨~UU		
SUITE 1630			SUITE 1630							
MIAMI FL 33131			MIAMI FL 33131				1 (
	_	••••	/ 2 50/01							
2. Principal F	Place of Business	3. Ma	3. Mailing Address				(IIII OOMA BARAA AAAA AAAA AAAA AAAA AAAA AAAA A		
						İ	1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_				
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City & Star	te	Cit	City & State			<u> </u>	4. FEI Number OF 0004007 Applied For			
			•			1	65-0891097 Applied For Not Applicable			
Zip Country		Zip		Cour	ntry			\$9.75 A		
					I		5. Certificate of Status Desired			
	6. Name and Address of Curre	nt Register	legistered Agent			7.	7. Name and Address of New Registered Agent			
					_Name					
GOMEZ, ZOE										
169 E. FLAGLER STREET #1020-22			Street Addre			s (P.O. Box Number is Not Acceptable)				
-MIAMI FL	· · · · · · · · · · · · · · · · · · ·				-					
1411/21411 1 5	. 33131									
\	¥				City		,,	FL Zip Co	ode	
9 The above	named antity submits this statement									
the obligat	named entity submits this statement ions of registered agent.	tor the purp	oose of changing its	s registere	ed office or regis	stered ag	jent, or both, in the State of Florida.	I am familiar with	n, and accept	
, ,										
SIGNATURE .								- 2		
	Signature, typed or printed name of registered age	nt and title if app	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	einstating)	DATE		
F. F.	LE NOW!!! FEE IS \$150.00	-			-				- -	
-	May 1, 2003 Fee will be \$550.00)					9. Election Campaign Financin	ng \$5. .	00 May Be	
	Payable to Florida Department						Trust Fund Contribution.		ed to Fees	
10.	, OFFICERS AN	NDC	11.							
TITLE	PD	DUITECTO			<u> </u>	AD	DDITIONS/CHANGES TO OFFICERS			
NAME	LAMPRU H., DEMETRIO		☐ Delete	TITLE	i			☐ Change	Addition	
STREET ADDRESS	169 E FLAGER ST #1020-22			MAM						
CITY-ST-ZIP	MIAMI FL 33131				ET ADDRESS - ST-ZIP					
	1012 UNI 1 E 00 10 1	_								
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indicated o	ertify that the information supplied within this report of supplied within the report of supplie	i inis ming	does not quality for	the exem	option stated in S	section 1	19.07(3)(i), Florida Statutes. I furthe	er certify that the i	information	

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director to be same this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation of the receiver changed, or op an attachment

SIGNATURE