

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90348 042 ***150.00

DOCUMENT # P99000012105

1. Entity Name
CASA GRANDE INTERNATIONAL, INC.



Principal Place of Business
**2802 N 46TH AVENUE
B-321
PLANTATION, FL 33322**

Mailing Address
**2802 N 46TH AVENUE
B-321
PLANTATION, FL 33322**



2. Principal Place of Business
2802N 46TH AVENUE

Suite, Apt. #, etc.

B-321

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Address

2802N 46TH AVENUE

Suite, Apt. #, etc.

B-321

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0898369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORDOMINSKY, SHIRLEY
2802 N 46TH AVE
APT B-321
HOLLYWOOD, FL 33021**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **PORDOMINSKY, SHIRLEY**
STREET ADDRESS **2802 N. 46TH AVE.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/04 (154) 963-7228