2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

-Apr 08, 2004 08:00 AM Secretary of State DOCUMENT # P99000078747' -1. Entity Name CASABELA INTERNATIONAL REALTY INC. Principal Place of Business Mailing Address 3910 W FLAGLER ST 409 EAST SAN MARINO DRIVE SUITE 100 MIAMI BEACH, FL 33139 MIAMI, FL 33134 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0946916 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIL, CARLOS JR DO NOT WRITE 409 EAST SAN MARINO DRIVE MIAMI BEACH, FL 33139 IN THIS SPACE 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 SIGNATURE. Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when robstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE GIL, CARLOS JR NAME STREET ADDRESS 469 E SAN MARINÖ DR MIAMI BEACH, FL 33139 U00080106502 04/08/04-80018-014 150.00 CATY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S7-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME

 I hereby certify that the information supplied with this indicated on this report or supplemental feobrt is true of the corporation or the receiver or trustee empowere find does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 to execute this export agrequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

SIGNATURE:

STREET ADDRESS CATY - ST - ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED