

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90015 019 \*\*\*150.00

DOCUMENT # P99000078747

1. Entity Name

CASABELA INTERNATIONAL REALTY INC.



Principal Place of Business

3910 WEST FLAGLER ST.  
MIAMI FL 33134

Mailing Address

409 EAST SAN MARINO DRIVE  
MIAMI BEACH FL 33139



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0946916

Applied For

Not Applicable

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

GIL, CARLOS JR  
409 EAST SAN MARINO DRIVE  
MIAMI BEACH FL 33139

Name Michael A. Gil

Street Address (P.O. Box Number is Not Acceptable)  
409 E. San Marino Drive

City Miami Beach

FL Zip Code 33139

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 *Michael A. Gil*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME GIL, CARLOS JR ☒ Delete  
STREET ADDRESS 409 E SAN MARINO DR  
CITY- ST- ZIP MIAMI BEACH FL 33139

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

TITLE NAME GIL, MICHAEL A ☐ Delete  
STREET ADDRESS 409 E SAN MARINO DR  
CITY- ST- ZIP MIAMI BEACH FL 33139

TITLE NAME P, T, S Gil, Michael A ☒ Change ☐ Addition  
STREET ADDRESS 409 E. San Marino Drive  
CITY- ST- ZIP Miami Beach, FL 33139

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Michael A. Gil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

305-534-5544

Daytime Phone #