2004 FOR PROFIT CORPORATION

FILED Mar 15, 2004 8:00 am Secretary of State

1. Entity Name	33		02-23-2004 90058 006 **	**150.00
CASA MUJICA, INC.				
·			4	
Principal Place of Business	Mailing Address			
1067 E. 25TH STREET HIALEAH FL 33013	1067 E. 25TH STREET HIALEAH FL 33013		66405941	
	A	<i>}</i>	THE REPORT OF THE PART AND THE PART AND THE	I DIP AYON DECENDL IX LEAS
2. Principal Place of Business	3. Mailing Address 100 SAME A	Almodo		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	2_1762	MOORE CR2E034 (1	1/03)
City & State	City & State		4. FEI Number 65-0260480	Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$8	Not Applicable .75 Additional
6. Name and Addres	s of Current Registered Agent		7. Name and Address of New Registered Age.	Required
ى، ئەت بىل، بىل، ئەلىدىنىنىنىنىنىنىنىنىنىنىنىنىنىنىنىنىنىنى		Name		
RODRIGUEZ, DAMASO	0	Street Address	(P.O. Box Number is Not Acceptable)	
1067 E. 25TH STREET HIALEAH FL 33013	ı	0,10017,001030	To the state of th	
		(İ
		City	FL	Zip Code
8. The above named entity submits this	s statement for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fami	iliar with, and accept
the obligations of registered agent.		•	•	
SIGNATURE Signature, typed or printed name of	of registered agent and title if applicable. (NOTE	: Regultered Agent signature requir	ed when reinstating) DATE	
FILE NOW!!! FEE IS	\$150.00			
After May 1, 2004 Fee will Make Check Payable to Florida Di	be \$550.00	ĺ	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OF	FICERS AND DIRECTORS	11 0 00 m	ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE NAME	☐ Delete (A TOTAL OF DE NAME	AMASO, RODRIGUEZ 🗆	Change DAddition
STREET ADDRESS		STREET ADDRESS 43	50 5W 11St-	
CITY-ST-2IP		CITY-ST-ZIP CO	KAL GABLES FL. 3773	4
TITLE	☐ Delete	MENTRES ,	ANCH SYANES ON D	Change Addition
NAME STREET ADORESS		NAME STREET ADDRESS	IANCY > YANG MORE	JON).
City-St-ZP		CITY-ST-ZIP	3313	i)
TITLE	· Delete	TITLE	WICH ONDIS PC 2213	Change Addition
NAME	المنظم		النظام المحالية المنتسجية منتبع السياسيين. الأي الم حالسينيات الحالم. ال	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
TITLE NAME	Ld Delete	TITLE NAME	L	Change 🗀 Addition
STREET ADDRESS	•	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	_	Change
STREET ADDRESS		STREET ADDRESS	•	
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	C.) Delete	TITLE		Change
NAME STREET ADDRESS		MAME STREET ADDRESS	•	
CITY-ST-ZIP	0 /	CITY-ST-ZIP		ţ
12. I hereby certify that the information	supplied with this filing does not qualify for		Section 119.07(3)(i), Florida Statutes, I further certify I	that the information
indicated on this report or supplem of the corporation or the receiver of	nertal report is true and accurate and that make the report is true and accurate and that make the report is report.	ny signature shali have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes, I further certify is a same legal effect as if made under oath; that I am a 07, Florida Statutes; and that my name appears in Bi	an officer or director ock 10 or Block 11 if
changed, or on an attachment with	and Ardress, with all other like empowered.	Il in local	, , , , , , , , , , , , , , , , , , ,	Ì
SIGNATURE: X		7/10/04		
SIGNATURE	EAND TYPED OR PRINTED HAME OF SIGNING OFFICER	OR DIRECTOR	Davor Davor	ne Phone #