

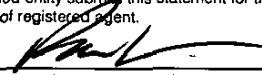
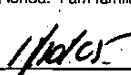




FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90057 044 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S75640 1. Entity Name WRAGG & CASAS PUBLIC RELATIONS, INC.		
Principal Place of Business 1000 BRICKELL AVE STE 400 MIAMI, FL 33131 US	Mailing Address 1000 BRICKELL AVE STE 400 MIAMI, FL 33131 US	40002807 
DO NOT WRITE IN THIS SPACE		01042005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0278572		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASAS, RAMON F. 1000 BRICKELL AVE STE 400 MIAMI, FL 33131		DO NOT WRITE 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 the obligations of registered agent. SIGNATURE  Ramon Casas  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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRAGG, OTIS O. 1000 BRICKELL AVE #400 MIAMI, FL 33131,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAS, RAMON F. 1000 BRICKELL AVE, #400 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WRAGG, JOANNA 1000 BRICKELL AVENUE #400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  Ramon Casas  11/18/05 3053721234 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		