

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90034 005 \*\*\*150.00

**DOCUMENT # P03000006348**  
 1. Entity Name  
**MARIO R. CASERTA, INC.**



Principal Place of Business      Mailing Address  
**1508 BAYFOAD**      **1508 BAYFOAD**  
**323**      **323**  
**MIAMI BEACH FL 33139**      **MIAMI BEACH FL 33139**

44016670

2. Principal Place of Business      3. Mailing Address  
**555 NE 15<sup>th</sup> ST**      **555 NE 15<sup>th</sup> ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 715**      **# 715**



01072004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**MIAMI FL**      **MIAMI FL**  
 Zip      Zip      Country      Country  
**33132 USA**      **33132 USA**

4. FEI Number      Applied For  
**43-1993948**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASERTA, MARIO R**  
**1508 BAY ROAD**  
**323**  
**MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent  
 Name      **MARIO R. CASERTA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**555 NE 15<sup>th</sup> STREET**  
**# 715**  
 City      **MIAMI FL**      Zip Code  
**33132**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agents signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CASERTA, MARIO R	1508 BAY ROAD, APT. 323	MIAMI BEACH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Mario R. Caserta*      Date: 2/18/04      Daytime Phone #: 305-801-1308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR