

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 635264

1. Entity Name
CASE HOLDING COMPANY, INC.



Principal Place of Business
4367 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Mailing Address
4367 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1936548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASORIA, PETER, JR.
522 NE 34 COURT
FORT LAUDERDALE, FL 33334

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000852204
03/26/08-80020-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASORIA, PETER SR. 552 N.E. 34 COURT FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASORIA, PETER JR. 552 N.E. 34 COURT FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASE, CY J 724 MIDDLE RIVER DRIVE FT LAUDERDALE, FL 00000, 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, JOYCE C. 2141 N.E. 52 STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

954-771-3506

Daytime Phone #