


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000115574</b>	
1. Entity Name <b>WASCA, INC.</b>	

Principal Place of Business <b>3549 HARBOR CIRCLE DELRAY BEACH FL 33483</b>	Mailing Address <b>3549 HARBOR CIRCLE DELRAY BEACH FL 33483</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>20-0664515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/07)	

<b>6. Name and Address of Current Registered Agent</b>  <b>RUGGERI, WALTER 3549 HARBOR CIRCLE DELRAY BEACH FL 33483</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering)  
Signature, typed or printed name of registered agent and title, if applicable DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 <b>P</b>	<input type="checkbox"/> Delete <b>RUGGERI, WALTER 3549 HARBOR CIRCLE DELRAY BEACH FL 33483</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UN00000887291 04/21/08-80014-015 150.00</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>ROSSANO, SANDRO G 951 DELRAY LAKES DRIVE DELRAY BEACH FL 33444</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>RUGGERI-ROSSANO, ADRIANA 951 DELAY LAKE DRIVE DELRAY BEACH FL 33444</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TR</b>	<input type="checkbox"/> Delete <b>RUGGERI, MARIA CS 3549 HARBOR CIRCLE DELRAY BEACH FL 33483</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**  **4/14/08 561 2792540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Mo, Year