

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000016332

**Entity Name:** CASOCA CORP

**Current Principal Place of Business:**

429 LENOX AVE STE 4W04  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

429 LENOX AVE STE 4W04  
MIAMI BEACH, FL 33139

**FEI Number:** 99-0363976

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARAZOZA FERNANDEZ-FRAGA,PA  
2100 SALZEDO ST SUITE 300  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |                 |                             |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Title           | P                           | Title           | S                           |
| Name            | CABRERA, CARLOS             | Name            | BAYARRI, ENRIQUE            |
| Address         | 429 LENOX AVENUE SUITE 4W04 | Address         | 429 LENOX AVENUE SUITE 4W04 |
| City-State-Zip: | MIAMI FL 33139              | City-State-Zip: | MIAMI FL 33131              |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS CABRERA

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date