

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000101113

**Entity Name:** CASING, INC.

**Current Principal Place of Business:**

150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131

**Current Mailing Address:**

1680 MICHIGAN AVE  
STE 910  
MIAMI BEACH, FL 33139 US

**FEI Number:** 81-4881986

**Certificate of Status Desired:** Yes

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

BOLOGNA, STEFANIA ESQUIRE  
150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131 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 SECRETARY  
Name BENEDETTI, CLAUDIO  
Address 1680 MICHIGAN AVE  
STE 910  
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT  
Name ZANNINI, FEDERICO  
Address 1680 MICHIGAN AVE  
STE 910  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name MANICARDI, LORELLA  
Address 1680 MICHIGAN AVE  
STE 910  
City-State-Zip: MIAMI BEACH FL 33139

*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:** CLAUDIO BENEDETTI

**SECRETARY**

**01/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date