

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 451686

Entity Name: CASA TRIAS, CORP.

FILED  
Feb 22, 2008  
Secretary of State

## Current Principal Place of Business:

6520 SW 40 ST  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

6520 SW 40 ST  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 59-1541694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PADRO, JOSE  
8325 NW 53 ST  
SUITE 102  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TRIAS,JOAQUIN,  
Address: 1505 URBINO  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: TRIAS,HORTENSIA,  
Address: 1505 URBINO  
City-St-Zip: CORAL GABLES, FL

Title: S ( ) Delete  
Name: TRIAS,HORTENSIA,  
Address: 1505 URBINO  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: TRIAS, JULIO  
Address: 5525 MAGGIORE STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete  
Name: TRIAS, HORTENSIA M  
Address: 6810 TORDERA STREET  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TRIAS,JOAQUIN,  
Address: 836 PARADISO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD (X) Change ( ) Addition  
Name: TRIAS,HORTENSIA,  
Address: 836 PARADISO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change ( ) Addition  
Name: TRIAS,HORTENSIA,  
Address: 836 PARADISO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIO TRIAS

VD

02/22/2008

Electronic Signature of Signing Officer or Director

Date