2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 451686

Entity Name: CASA TRIAS, CORP.

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: 836 PARADISO AVE
City-St-Zip: CORAL GABLES, FL 33146

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

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

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

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

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

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 MR. 04/22/2009

Electronic Signature of Signing Officer or Director — Date