


**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # 470854**

1. Entity Name  
 CASDORE, FL., INC.



Principal Place of Business      Mailing Address

C/O BARASH & ASSOCIATES, P.A. *A.J. Barash, P.A.*      C/O BARASH & ASSOCIATES, P.A. *A.J. Barash, P.A.*  
 1140 KANE CONCOURSE      1140 KANE CONCOURSE  
 BAY HARBOR ISLAND, FL 33154      BAY HARBOR ISLAND, FL 33154

40021766



**DO NOT WRITE IN THIS SPACE**

01032008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-1559043      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARASH, A. JEFFREY  
 1140 KANE CONCOURSE  
 BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE IN THIS SPACE**

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 re-electing)      DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | P  |
| NAME           | SCHIMMEL, Yvonne                               |
| STREET ADDRESS | 5900 COLLINS AVE., 1884 Altadena, CA 91001 US. |
| CITY-ST-ZIP    | MIAMI BEACH, FL                                |
| TITLE          | VP   |
| NAME           | ROSENBERGER, GERDA GARY                        |
| STREET ADDRESS | 5 ROBBINS WEST LANE 201 Suffolk Sq. Apt 3E     |
| CITY-ST-ZIP    | LARCHMONT, NY - New York, NY 10012             |
| TITLE          | GT   |
| NAME           | ROSENBERGER, GARY                              |
| STREET ADDRESS | 88 W. 10TH ST., #8-D                           |
| CITY-ST-ZIP    | NEW YORK, NY                                   |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

*Jan 28, 2008 / 212-780-0532*