

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589921

Entity Name: KASAS INTERIORS, INC.

FILED  
Jan 23, 2008  
Secretary of State

## Current Principal Place of Business:

C/O WILFREDO S. CASAS  
4281 SW 75TH AVE.  
MIAMI, FL 33155 US

## Current Mailing Address:

4212 SW 74TH AVE.  
4281 S.W. 75TH AVE.  
MIAMI, FL 33155 US

## New Principal Place of Business:

C/O WILFREDO S. CASAS  
4212 SW 74TH AVE  
MIAMI, FL 33155 US

## New Mailing Address:

4212 SW 74TH AVE.  
MIAMI, FL 33155 US

FEI Number: 59-1860373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASAS, WILFREDO S  
2410 SAN DOMINGO ST.  
CORAL GABLES, FL 33134 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: CASAS, WILFREDO S.,  
Address: 2410 SAN DOMINGO ST.  
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete  
Name: CASAS, ELOISA F.,  
Address: 2410 SAN DOMINGO ST.  
City-St-Zip: CORAL GABLES, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition  
Name: CASAS, CARLOS A.,  
Address: 2963 SW 144 PL  
City-St-Zip: MIAMI, FL 33175

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: WILFREDO CASAS

PD

01/23/2008

Electronic Signature of Signing Officer or Director

Date