


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 726388 1. Entity Name CASA RIO, INC.	
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Principal Place of Business 250 ENGLEWOOD ISLES PARKWAY ENGLEWOOD, FL 34223	Mailing Address 357 ARDENWOOD DR. ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2476798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUONFIGLIO, RICHARD 357 ARDENWOOD DR. ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARATIN, LIDA 877 COUNTRY CLUB CIRCLE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LINDA 250 ENGLEWOOD ISLES PKWY #8 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, RONALD 3903 SPRING CT SE SOLON, IA 52333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUONFIGLIO, RICHARD 357 ARDENWOOD DR ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERBURNE, CAROL 250 ENGLEWOOD ISLES PKWY ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEYTON, DONNA 1065 YOSEMITE DRIVE ENGLEWOOD, FL 34223

<p>01/23/08-80101-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BUONFIGLIO TD
Richard Buonfiglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08 941-475-1275
Date Daytime Phone #