2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726388

Entity Name: CASA RIO, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
250 ENGLE	WOOD ISLES OD, FL 34223			,	
Current Mailing Address:			New Mailii	New Mailing Address:	
	NWOOD DR. OD, FL 34223				
FEI Number: 59-2476798 FEI Number Applied For () FEI N		FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
357 ARDEN	IO, RICHARD IWOOD DR. IOD, FL 34223	US			
The above in the State		Ibmits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ()E ZARATIN, LIDA 877 COUNTRY C VENICE, FL 342		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GARCIA, LINDA 250 ENGLEWOOD ISLES PKWY #6 ENGLEWOOD, FL 34223		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () Delete FOSTER, RONALD 3903 SPRING CT SE SOLON, IA 52333		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete BUONFIGLIO, RICHARD 357 ARDENWOOD DR ENGLEWOOD, FL 34223		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () Delete SHERBURNE, CAROL 250 ENGLEWOOD ISLES PKWY ENGLEWOOD, FL 34223		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SHERBURNE, CAROL 250 ENGLEWOOD ISLES PKWY ENGLEWOOD, FL 34223	
Title: Name: Address: City-St-Zip:	VP () Delete PEYTON, DONNA 1065 YOSEMITE DRIVE ENGLEWOOD, FL 34223		Title: Name: Address: City-St-Zip:	P (X) Change () Addition PEYTON, DONNA 1065 YOSEMITE DRIVE ENGLEWOOD, FL 34223	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BUONFIGLIO TD 04/29/2009