2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759344

FILED Jul 16, 2008 Secretary of State

Entity Name: CASA COLON, INC. **Current Principal Place of Business: New Principal Place of Business:** 3204 W CYPRESS TAMPA, FL 33607 US **Current Mailing Address: New Mailing Address:** 3204 W CYPRESS 3314 W ELLICOTT ST TAMPA, FL 33607 US TAMPA, FL 33614 US FEI Number: 59-2130886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROJAS, JOSE A MIRO, JULIO 3204 W CYPRESS AVE 3314 W ELLICOTT ST TAMPA, FL 33607 TAMPA, FL 33614 US 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: JULIO MIRO 07/16/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROJAS, JOSE M Name: Name: Address: 10030 CEDAR DUNE DR Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: () Change () Addition ASTORQUIZA, JORGE Name: Name: Address: 4519 N ST VINCENT AVE Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: () Delete Title: () Change () Addition PEREZ, FERNANDO Name: Name: 4614 N MATANZAS AVE Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: () Delete Title: FS Title: () Change () Addition MIRO, JULIO Name: Name: Address: 3314 W ELLICOTT ST Address: City-St-Zip: TAMPA, FL 33614 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO PEREZ SD 07/16/2008