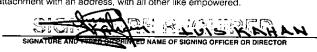
FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G49393 1. Entity Name CASA SUPPLY, INC.					Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90047 049 ***150.00			
Principal Place of Business 1650 N.E. 205 TERR NORTH MIAMI BEACH FL 33179 US		Mailing Address 1650 N.E. 205 TERR. N. MIAMI BEACH FL 33179 US						
2. Principal Place of Business		3. Mailing Address			[AI OLBIY BIRYI OLDIY D		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 59-2303982 Applied For Not Applicable			
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Registers	<u>'</u>		
and the same of th				Name				
Kahan, David 3696 n Federal Hwy			Street Add	ress (P.O. Box Number is Not Acceptable)				
SUITE 10	1							
FORT LA	JDERDALE FL 33308	City			F	Zip Cod	le	
8. The above	e named entity submits this statement for the	ne purpose of changing its reg	istered office or re	egistered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signature	required when re	instating) DAT	E .		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat		0.00	Election Campaign Financing Trust Fund Contribution.		May Be	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE : NAME STREET ADDRESS CITY+ST-ZIP	PD KAHAN, LUIS 21205 YACHT CLUB DR APT 508 AVENTURA FL 33180	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KAHAN, PENNY 21205 YACHT CLUB DR. APT. 508 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D KAHAN, PENNY 21205 YACHT CLUB DR. APT. 508 AVENTURA FL 33180	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	-	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my si red to execute this report as r	innatura chall have	a tha cama la	agal officat on if made under seth; that	Lam on officer	ar diraatar	

SIGNATURE:



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