## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H22210

Entity Name: CASIA, INC.

FILED Feb 07, 2005 Secretary of State

Current B	Principal Place	of Business	New Principal P	Nace of Rusiness	
Current Principal Place of Business:  150 MAGNOLIA AVENUE (32114) P.O. BOX 2491 DAYTONA BEACH, FL 321152491			825 BRICKELL B SUITE 1648	New Principal Place of Business:  825 BRICKELL BAY DRIVE SUITE 1648 MIAMI, FL 33313	
Current M	Mailing Addres	ss:	New Mailing Ad	New Mailing Address:	
150 MAGNOLIA AVENUE (32114) P.O. BOX 2491 DAYTONA BEACH, FL 321152491			825 BRICKELL BAY DRIVE SUITE 1648 MIAMI, FL 33313		
FEI Number	r: 59 <b>-</b> 2449905	FEI Number Applied For ( )	FEI Number Not Applicable (	( ) Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of New Registered Agent:		
The above	e of Florida. ^ RE:			stered office or registered agent, or both,	
Election Ca		g Trust Fund Contribution ( ).	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	COBB, THOMA	. BAY DRIVE, SUITE 1648	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	COBB, JANE C	RFIELD ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS C. COBB VΡ 02/07/2005