

DOCUMENT # J29767			
1. Entity Name CASA BORINO, INC.			
Principal Place of Business 5267 MINTO ROAD BOYNTON BEACH FL 33437		Mailing Address 5267 MINTO ROAD BOYNTON BEACH FL 33437-1205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BORINO, JOSEPH A. 5267 MINTO ROAD BOYNTON BEACH FL 33437			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORINO, JOSEPH A. 5267 MINTO ROAD BOYNTON BEACH FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of a power of attorney for the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Joseph Borino - JOSEPH BORINO - PRESIDENT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2717444		Applied For <input type="checkbox"/> Not Applicable					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BORINO, JOSEPH A. 5267 MINTO ROAD BOYNTON BEACH FL 33437				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City FL Zip Code							
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.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE		DP <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		BORINO, JOSEPH A.		NAME							
STREET ADDRESS		5267 MINTO ROAD		STREET ADDRESS							
CITY-ST-ZIP		BOYNTON BEACH FL		CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: <i>Joseph Borino</i> - JOSEPH BORINO - PRESIDENT - 3-800				561-737-7162							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>							