

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # K07015

1. Entity Name
CASA JEWELRY, INC.



Principal Place of Business

% ARNOLD WASSERMAN
18129 BISCAYNE BLVD.
MIAMI BCH., FL 33160

Mailing Address

% ARNOLD WASSERMAN
18129 BISCAYNE BLVD.
MIAMI BCH., FL 33160



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0020456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, ARNOLD
2420 NW 102 WAY
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WASSERMAN, ARNOLD
2420 NW 102 WAY
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WASSERMAN, CAROL
2420 NW 102 WAY
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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02/08/06-80073-001.150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arnold Wasserman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

Date

Daytime Phone #