

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21381

Entity Name: CASA SERVICES, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

9370 SUNSET DR A100
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9370 SUNSET DR A100
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0065624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONS, MARTIN E.
9370 SUNSET DR
A100
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALVADOR PAIZ DEL CA, RMEN
Address: 11010 N.W. 30 ST., STE. 104, GUA-277
City-St-Zip: DORAL, FL 33172

Title: VP () Delete
Name: PATRICIA DE PAIZ,
Address: 11010 N.W. 30 ST., STE. 104, GUA-277
City-St-Zip: DORAL, FL 33172

Title: S () Delete
Name: SERGIO PAIZ DEL CARM, EN
Address: 11010 N.W. 30 ST., STE. 104, GUA-277
City-St-Zip: DORAL, FL 33172

Title: AS () Delete
Name: PONS, MARTIN E
Address: 9370 SUNSET DR A100
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN E. PONS

RA

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date