


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 019 ***150.00

DOCUMENT # K95187 1. Entity Name CASAN INVESTMENTS INC.					
Principal Place of Business 3312 N. MIAMI AVE MAIMI, FL 33127 US			Mailing Address 1481 BELLA VISTA AVENUE CORAL GABLES, FL 33156 US		
2. Principal Place of Business, No P.O. Box # 1481 Bella Vista		3. Mailing Address 1481 Bella Vista			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Coral Gables, Fla.			
City & State Coral Gables, Fl		City & State 		4. FEI Number 59-6524488	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, WILFREDO 3312 N MIAMI AVE MIAMI, FL 33127		7. Name and Address of New Registered Agent Name Wilfredo Santiago Street Address (P.O. Box Number is Not Acceptable) 1481 Bella Vista Ave. City Coral Gables, Fla. FL Zip Code 33156			
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 <input checked="" type="checkbox"/> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANTIAGO, WILFREDO 3312 N MIAMI AVE MAIMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILFREDO SANTIAGO 1481 Bella Vista Ave. Coral Gables, Fla. 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTIAGO, GEORGINA 3312 N MIAMI AVE MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Georgina Santiago 1481 Bella Vista Ave. Coral Gables, Fla. 33156	
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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: <i>Wilfredo Santiago</i> President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-06-07 (305) 799 1481 Date Daytime Phone #		