


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 031 ***150.00

DOCUMENT # M86390 1. Entity Name CASA CASA, INC.					
Principal Place of Business 2150 IBISWAY RD 14 PALM BEACH, FL 33480			Mailing Address PO BOX 3269 PALM BEACH, FL 33480		
2. Principal Place of Business 2150 Ibis Isle Rd Suite, Apt. #, etc. 14		3. Mailing Address Suite, Apt. #, etc.			
City & State Palm Beach FL		City & State		4. FEI Number 59-2904812	
Zip 33480		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSEN, LYNNE 2150 IBIS WAY RD APT 14 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name LYNNE LARSEN Street Address (P.O. Box Number is Not Acceptable) 2150 Ibis Isle Rd Apt 14 City Palm Beach FL Zip Code 33480	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <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	D <input type="checkbox"/> Delete LARSEN, LYNNE 2150 IBIS WAY RD. APT. 14 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNNE LARSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2150 Ibis Isle Rd, Apt 14 PALM BEACH FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lynne Larsen</u> Lynne LARSEN 3/7/04 561 582-3272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					