


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # M86390	
1. Entity Name CASA CASA, INC.	
	
Principal Place of Business 2150 IBIS ISLE RD 14 PALM BEACH, FL 33480	Mailing Address PO BOX 3269 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE



03172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2904812	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

**LARSEN, LYNNE
2150 IBIS ISLE RD
APT 14
PALM BEACH, FL 33480**

**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, 2007 Fee will be \$550.00**

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

U000000674137
03/29/07-80058-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, LYNNE 2150 IBIS ISLE RD APT 14 PALM BEACH, FL 33480
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne Larsen
LYNNE LARSEN

3/17/07 561 582-3272
Date Daytime Phone #