

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000061333

Entity Name: CAS GROUP, INC.

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

3141 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

6100 BLUE LAGOON DRIVE
SUITE #300
MIAMI, FL 33126

Current Mailing Address:

3141 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Mailing Address:

6100 BLUE LAGOON DRIVE
SUITE #300
MIAMI, FL 33126

FEI Number: 65-1024178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MURAI WALD BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134 US

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: M. CRISTINA MORENO

10/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: GARGANTA, ANDRES
Address: 9933 S.W. 21ST STREET
City-St-Zip: MIAMI, FL

Title: DPT () Delete
Name: MALLOL, CARLOS
Address: 7361 SW 123RD PLACE
City-St-Zip: MIAMI, FL

Title: VS () Delete
Name: HERNANDEZ, WILMA
Address: 833 N. NORTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: V () Delete
Name: PLATT, MICHAEL
Address: 424 LLAMA COURT
City-St-Zip: APOPKA, FL 32750

Title: V () Delete
Name: CHAVEZ, EVELIO
Address: 8760 SW 85TH STREET
City-St-Zip: MIAMI, FL

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: V (X) Change () Addition
Name: PLATT, MICHAEL
Address: 700 CHANNEL ACERS ROAD
City-St-Zip: NOKOMIS, FL 34275

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

I hereby certify that the information supplied with this filing does not qualify 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: ANDRES GARGANTA

DV

10/09/2009

Electronic Signature of Signing Officer or Director

Date