2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043524

Entity Name: CASA CAMPESINA CORP

FILED Sep 09, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

 16500 LAKE TREE DR
 3333 N. UNIVERSITY DR

 WESTON, FL 33326 US
 DAVIE, FL 33024 US

Current Mailing Address: New Mailing Address:

 16500 LAKE TREE DR
 3333 N. UNIVERSITY DR

 WESTON, FL 33326 US
 DAVIE, FL 33024 US

FEI Number: 65-1100942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUINTERO, DIEGO
16500 LAKE TREE DR
WESTON, FL 33326 US
QUINTERO, DIEGO
3333 N.UNIVERSITY DR
DAVIE, FL 33024 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: 09/09/2008

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:

() Delete Title: PD (X) Change () Addition

 Name:
 QUINTERO, DIEGO
 Name:
 QUINTERO, DIEGO

 Address:
 16500 LAKE TREE DR
 Address:
 3333 N. UNIVERSITY DR

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:
 DAVIE, FL 33024 US

Title: VP/D () Delete Title: VP/D (X) Change () Addition

 Name:
 QUINTERO, GLADYS
 Name:
 QUINTERO, GLADYS

 Address:
 16500 LAKE TREE DR
 Address:
 3333 N. UNIVERSITY DR

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:
 DAVIE, FL 33024 US

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: DIEGO Q PRES 09/09/2008