

2006 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 16, 2006 08:00 AM  
Secretary of State

DOCUMENT #	P01000046498
1. Entity Name	
CASARIEGO CORPORATION	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 550 AVENUE A Suite, Apt. #, etc.		3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206	
City & State KEY LARGO, FL		City & State MIAMI, FL	
Zip 33037	Country USA	Zip 33144	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name OSCAR CASARIEGO	
Street Address (P.O. Box Number is Not Acceptable) 550 AVENUE A	
City KEY LARGO	FL Zip Code 33037

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCAR CASARIEGO 550 AVENUE A KEY LARGO, FL 33037-4829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLEN CASARIEGO 550 AVENUE A KEY LARGO, FL 33037-4829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCAR CASARIEGO JR. 16152 SW 151 STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000469071 03/25/06-80014-019 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Oscar Casariego*

OSCAR CASARIEGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-06