


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90024 027 ***150.00

DOCUMENT # P01000046498 1. Entity Name CASARIEGO CORPORATION	
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Principal Place of Business 550 AVENUE A KEY LARGO, FL 33037	Mailing Address 550 AVENUE A KEY LARGO, FL 33037
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DO NOT WRITE IN THIS SPACE

66003161



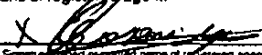
01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1105187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASARIEGO, OSCAR 550 AVENUE A KEY LARGO, FL 33037
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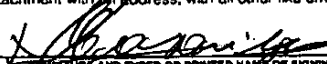
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  1-20-08 <small>Signature must be printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASARIEGO, OSCAR 550 AVENUE A KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASARIEGO, OSCAR 16152 S.W. 151 STREET MIAMI, FL 33198
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASARIEGO, MARLEN 550 AVENUE A KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  3-4-08 305-345-7290 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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OSCAR CASARIEGO PRESIDENT