2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000079283

CASA MULTI SERVICES, INC.



Principal Place of Business Mailing Address 2212 OKEECHOBEE ROAD 2212 OKEECHOBEE ROAD FT PIERCE, FL 34950 FT PIERCE, FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 65-1129846 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent T PLEASE CORRECT Name DUBREUIL MAIREA DUBREUIL, MARIE Α. 2212 OKEECHOBEE ROAD Street Address (P.O. Box Number is Not Acceptable) FT PIERCE, FL 34950 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change TITLE ☐ Addition TITLE DUBREUIL, MARIE DUBREUIL (MARIA) A NAME 2212 OKEECHOBEE ROAD STREET ADDRESS STREET ADDRESS FT PIERCE, FL 34950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOSSOUS, JEAN MARIE R NAME NAME STREET ADDRESS STREET ADDRESS 2212 OKEECHOBEE ROAD CITY-ST-ZIP FORT PIERCE, FL 34950 CITY-ST-7IP ☐ Change ☐ Detete TILLE ☐ Addition TITLE NAME DOSSOUS, JAMES R NAME STREET ADDRESS STREET ADDRESS 2212 OKEECHOBEE ROAD CITY-ST-ZIP FORT PIERCE, FL 34950 CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition IIILE MGRM TITLE DOSSOUS, CLAUDE R NAME NAME STREET ADDRESS 2212 OKEECHOBEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34950 ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attachmenty with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

FILED

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90199 010 ***150.00