2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079283

Entity Name: CASA MULTI SERVICES, INC

FILED May 01, 2009 Secretary of State

Entity Na	me: Casa M	ULTI SERVICES, INC.				
Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
	ECHOBEE RO E, FL 34950	DAD				
Current Mailing Address:			New Mailing Address:			
	ECHOBEE RO E, FL 34950	DAD				
FEI Number	: 65-1129846	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
2212 OKE	L, MARIE A ECHOBEE RO E, FL 34950	DAD US				
	e named entity e of Florida.	submits this statement for the	ourpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notic	ce.		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (DUBREUIL, M. 2212 OKEECH FT PIERCE, F	IOBEE ROAD	Title: Name: Address: City-St-Zip:	DOSSOUS, N	(X) Change () Addition MARIE A DUBREUI HOBEE ROAD FL 34950	
Title: Name: Address: City-St-Zip:	V (DOSSOUS, JE 2212 OKEECH FORT PIERCE	IOBEE ROAD	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DOSSOUS, JA 2212 OKEECH FORT PIERCE	IOBEE ROAD	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (DOSSOUS, CI 2212 OKEECH FORT PIERCE	IOBEE ROAD	Title: Name: Address: City-St-Zip:	(() Change () Addition	

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: MARIE-ADELINE DUBREUIL DOSSOUS OWNE 05/01/2009