## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000111211

Entity Name: CASCO EQUIPMENT CO.

FILED Feb 18, 2011 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

PO BOX 366279 SAN JUAN, PR 009366327

FEI Number: 80-0030995 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:

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DF

 Name:
 IRIZARRY, ENRIQUE F

 Address:
 1500 SAN REMO AVE., STE. 125

 City-St-Zip:
 CORAL GABLES, FL 33146

Title: DS

Name: VAZQUEZ, RAFAEL J

Address: 1500 SAN REMO AVE., STE. 125 City-St-Zip: CORAL GABLES, FL 33146

Title: DT

 Name:
 IRIZARRY, CARLOS A

 Address:
 1500 SAN REMO AVE., STE. 125

 City-St-Zip:
 CORAL GABLES, FL 33146

Title: [

Name: IRIZARRY, ENRIQUE JR
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33146

Title: C

Name: PAVIA, CRISTINA

Address: 1500 SAN REMO AVE., STE. 125 City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: CRISTINA PAVIA O 02/18/2011