


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90050 025 \*\*\*150.00

**DOCUMENT # P02000001453**

1. Entity Name  
**CASA.COM, INC.**



Principal Place of Business  
**12527 66 ST NORTH  
 WEST PALM BEACH FL 33412**

Mailing Address  
**PO BOX 846  
 LOXAHATCHEE FL 33470**

2. Principal Place of Business  
**532 SE Seahouse DR**

3. Mailing Address  
**same as above**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
**P.O. Box 846**

City & State  
**Port St Lucie FL**

City & State  
**Loxahatchee, FL**

Zip  
**34985**

Country  
**St. Lucie**

Zip  
**33470**

Country

6. Name and Address of Current Registered Agent

**ZAIAE, MANUEL  
 100 SE 2ND ST #2350  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	NAME ZAIAE, MANUEL	TITLE P/D	NAME Casariego, Orlando
STREET ADDRESS 100 SE 2ND ST STE 2350 INT'L PLACE	CITY-ST-ZIP MIAMI FL 33131	STREET ADDRESS 532 SE Seahouse DR.	CITY-ST-ZIP Port St Lucie FL 34985
TITLE STD	NAME CASARIEGO, ANGELO	TITLE EVP/D	NAME Casariego Angelo
STREET ADDRESS 532 SE SEAHOUSE DR	CITY-ST-ZIP PORT SAINT LUCIE FL 34985	STREET ADDRESS 532 SE Seahouse Dr.	CITY-ST-ZIP Port St. Lucie FL 34985
TITLE VPD	NAME CASARIEGO, ANGELO	TITLE STD	NAME Casariego Juliana
STREET ADDRESS 532 SE Seahouse DR	CITY-ST-ZIP Port St Lucie FL 34985	STREET ADDRESS 532 SE Seahouse Dr.	CITY-ST-ZIP Port St Lucie FL 34985
TITLE VPD	NAME CASARIEGO, ANGELO	TITLE VPD	NAME Zaiae Manuel
STREET ADDRESS 532 SE Seahouse DR	CITY-ST-ZIP Port St Lucie FL 34985	STREET ADDRESS 100 SE 2nd St STE 2350 INT'L PL.	CITY-ST-ZIP MIAMI FL 33131

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 person authorized 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 attached other like empowered.

SIGNATURE:  **Manuel Zaiae STD** Date: **3-14-05** Daytime Phone #: **772-344-6631**