


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90010 007 \*\*\*150.00

**DOCUMENT # P02000001453**

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



Principal Place of Business  
**532 SE SEABOARD DR**  
**PORT SAINT LUCIE, FL 34985**

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

**60014670**

2. Principal Place of Business  
**532 Seahouse Dr**

3. Mailing Address  
**PO Box 9698**

Suite, Apt. #, etc.



01302006 Chg-P CR2E034 (11/05)

City & State  
**Port St Lucie, FL**

City & State  
**Port St Lucie, FL**

Zip  
**34985**

Country

4. FEI Number  
**30-0025886**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 the if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZAIAE, MANUEL</b>		NAME		
STREET ADDRESS	<b>100 SE 2ND ST STE 2350 INT'L PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		CITY-ST-ZIP		
TITLE	<b>EVVPD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CASARIEGO, ANGELO</b>		NAME		
STREET ADDRESS	<b>532 SE SEAHOUSE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34983</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CASARRESO, ANGELO</b>		NAME		
STREET ADDRESS	<b>532 SE SEABOARD DR</b>		STREET ADDRESS	<b>532 SE Seahouse Dr</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34985</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CASARIEGO, ORLANDO</b>		NAME		
STREET ADDRESS	<b>532 SE SEABOARD DR</b>		STREET ADDRESS	<b>532 SE Seahouse Dr</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34985</b>		CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CASARIEGO, ILIANA</b>		NAME		
STREET ADDRESS	<b>532 SE SEABOARD DR</b>		STREET ADDRESS	<b>532 SE Seahouse Dr</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34985</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZANE, NANCY</b>		NAME		
STREET ADDRESS	<b>100 SE 2ND ST STE 2350</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		CITY-ST-ZIP		

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: \_\_\_\_\_ DATE: **2-9-06** DAYTIME PHONE #: **305 358-4580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR