


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 035 ***150.00

DOCUMENT # P02000001453		
1. Entity Name CASA.COM, INC.		
Principal Place of Business 532 SE SEAHOUSE DR PORT SAINT LUCIE FL 34985		Mailing Address PO BOX 9698 PORT SAINT LUCIE FL 34985
2. Principal Place of Business - No P.O. Box # 4673 SW ulster St Suite, Apt. #, etc.	3. Mailing Address 4673 SW ulster St Suite, Apt. #, etc.	



1st MOORE CR2E034 (10/06)

City & State Port St Lucie Florida	City & State Port St Lucie Florida	4. FEI Number 30-0025886	Applied For <input type="checkbox"/> Not Applicable
Zip 34953	Country St Lucie	Zip 34953	Country St Lucie
6. Name and Address of Current Registered Agent ZAI AE, MANUEL 100 SE 2ND ST #2350 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Orlando Casariego Street Address (P.O. Box Number is Not Acceptable) 4673 SW ulster St City Port St Lucie FL Zip Code 34953	

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 * Orlando Casariego Orlando Casariego 3-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D ZAI AE, MANUEL 100 SE 2ND ST STE 2350 INT'L PLACE MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD CASARRESO, ANGELO 532 SEAHOUSE DR PORT SAINT LUCIE FL 34985 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CASARIEGO, ORLANDO 532 SEAHOUSE DR PORT SAINT LUCIE FL 34985 <input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY- ST- ZIP	Casariego, Orlando <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4673 SW ulster St Port St Lucie FL 34953
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CASARIEGO, ILIANA 532 SEAHOUSE DR PORT SAINT LUCIE FL 34985 <input type="checkbox"/> Delete	TITLE STD NAME STREET ADDRESS CITY- ST- ZIP	Casariego, Iliana <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4673 SW ulster St Port St Lucie FL 34953
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Orlando Casariego Orlando Casariego 3-1-07 772-344-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #