

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054732

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: CASA INVESTMENTS, INC.

## Current Principal Place of Business:

890 NORTH FEDERAL HWY., #209  
LANTANA, FL 33462

## New Principal Place of Business:

C/O ATLANTIC FULCRUM, INC.  
890 N. FEDERAL HWY # 209  
LANTANA, FL 33462

## Current Mailing Address:

934 S. DIXIE HWY  
LANTANA, FL 33462

## New Mailing Address:

C/O ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463

FEI Number: 16-1622683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHOLIN, CHRISTIAN N  
505 SOUTH FLAGLER DR., SUITE 400  
W. PALM BCH, FL 33401 US

## Name and Address of New Registered Agent:

ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463 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: JUHA HYVARINEN

01/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete  
Name: VIRRANTA, MARTTI  
Address: 896 N. FEDERAL HWY. #529  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KIILUNEN, HARRI  
Address: 890 N. FEDERAL HWY # 209  
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Change (X) Addition  
Name: HALMESUO, JARI  
Address: 890 N. FEDERAL HWY # 209  
City-St-Zip: LANTANA, FL 33462

Title: TS ( ) Change (X) Addition  
Name: KANGASKORTE, TIMO  
Address: 890 N. FEDERAL HWY # 209  
City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRI KIILUNEN

PD

01/20/2004

Electronic Signature of Signing Officer or Director

Date