

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000127061

Entity Name: CASIN INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1621 NW 99 AVE.  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1621 NW 99 AVE.  
PLANTATION, FL 33322 US

**New Mailing Address:**

FEI Number: 13-4266700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVO, RAUL  
1621 NW 99 AVE.  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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: P  
Name: CALVO, RAUL  
Address: 1621 NW 99 AVE.  
City-St-Zip: PLANTATION, FL 33322 US

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: RAUL CALVO

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date