2008 FOR PROFIT CORPORATION

FILED Anr 07, 2008 08:00 Al

ANNUAL REPORT				Apr 07, 2000 00.00 F		
1. Entity Nam	MENT # P03000129 Čassano, inc.		Secretary of State			
Principal Place of Business 3670 PINYON LANE 0RMOND BEACH, FL 32174 US Mailing Address 3670 PINYON LANE 0RMOND BEACH, FL 32174			US			
. 0	OO NOT WRITE	CE	02162008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable			
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<u> </u>			
CASSANC 3670 PINY ORMOND				NOT WRIT		
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a		ed office or register		h, in the State of Florida. I ar	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	H000008840	.ca
10.	OFFICERS AND	DIRECTORS		• ,	04/17/08-8002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CASSANO, VICTOR 3670 PINYON LANE ORMOND BEACH, FL 32174			4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• • • • • • • • • • • • • • • • • • • •	
TITLE NAME STREET ADDRESS]. 	DΩ	NOT WRIT	li)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					THIS SPAC	E

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>386-677</u>-0221