

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000082345

1. Entity Name
CAS MEDIA, INC.



Principal Place of Business
**10010 SW 6TH COURT
PEMBROKE PINES, FL 33025**

Mailing Address
**10010 SW 6TH COURT
PEMBROKE PINES, FL 33025**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1183002

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER - SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

1000000450559
03/10/06-80009-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAHER, CHRISTOPHER A
STREET ADDRESS	10010 SW 6TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	DT
NAME	SHAHER, ILEANA
STREET ADDRESS	10010 SW 6TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

954-435-9685

Date

Daytime Phone