2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102124

CASSATA, VINCENT

1111 RT 110 SUITE 300

FARMINGDALE, NY 11735 US

Name:

Address:

City-St-Zip:

CASSATA DEVELOPMENT ORGANIZATION. INC

FILED Apr 07, 2009 Secretary of State

Entity Name: CASSATA DEVELOPMENT ORGANIZATION, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MIAMI TRAIL A, FL 34231	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8470 ENTERPRISE CIRCLE SUITE 201 BRADENTON, FL 34202 US		SUITE 201	8470 ENTERPRISE CIRCLE SUITE 201 LAKEWOOD RANCH, FL 34202 US		
FEI Number:	35-2233762	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PFLUGNER, J GEOFFREY 8470 ENTERPRISE CIRCLE SUITE 201 BRADENTON, FL 34202 US			8470 ENTERPRISE C SUITE 201	PFLUGNER, J GEOFFREY 8470 ENTERPRISE CIRCLE SUITE 201 LAKEWOOD RANCH, FL 34202 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: J GEOFFREY PFLUGNER				04/07/2009	
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CASSATA, ROS 1111 RT. 110 SI FARMINGDALE,	JITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PFLUGNER, J G	ISE CIRCLE SUITE 201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SALVATORE, JO 1111 RT. 110 SI FARMINGDALE,	JITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: J GEOFFREY PFLUGNER VPS 04/07/2009