

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90222 001 \*\*\*150.00  
04-28-2006 90222 002 \*\*\*\*\*8.75

66012722



04102006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2862401** Applied For  
Not Applicable

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

**DOCUMENT # P05000070602**

1. Entity Name  
**CASE ASSET RECOVERY, INC.**



Principal Place of Business  
**2440 EAST ARAGON BLVD  
UNIT # 2  
SUNRISE, FL 33313 US**

Mailing Address  
**2440 EAST ARAGON BLVD  
UNIT # 2  
SUNRISE, FL 33313 US**

2. Principal Place of Business  
**10208 N.W. 24<sup>th</sup> PL.**

3. Mailing Address  
**10208 N.W. 24 PL.**

Suite, Apt. #, etc.  
**UNIT 404 BLDG 203**

City & State  
**SUNRISE, FL 33322**

Zip  
**33322** Country  
**US**

6. Name and Address of Current Registered Agent  
**FASANO, ANTHONY  
2440 EAST ARAGON BLVD  
UNIT # 2  
SUNRISE, FL 33313**

7. Name and Address of New Registered Agent

Name  
**ANTHONY FASANO**

Street Address (P.O. Box Number is Not Acceptable)  
**10208 NW 24 PL.**

**UNIT # 404 BLDG # 203**

City  
**SUNRISE** FL Zip Code  
**33322**

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 *Anthony Fasano* **4-27-06**  
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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDDER, LYNN 2440 EAST ARAGON BLVD, #2 SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FASANO, ANTHONY 2440 EAST ARAGON BLVD, #2 SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LYNN REDDER 10208 NW 24 PL UNIT 404 SUNRISE, FL 33322 BLDG 203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AND RA ANTHONY FASANO 10208 NW 24 PL UNIT 404 SUNRISE, FL 33322 BLDG 203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lynn Redder* **4/27/06** **954-744-7616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #