2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008
Secretary of State

DOCUMENT# P06000021937

Entity Name: CASA FORTE INC

Current Principal Place of Business:

1821 LYONS ROAD
#103
COCONUT CREEK, FL 33063

New Principal Place of Business:

400 NW 34TH ST
#119
POMPANO BEACH, FL 33064

Current Mailing Address:

1821 LYONS ROAD
#103
POMPANO BEACH, FL 33063

New Mailing Address:

400 NW 34TH ST
#119
POMPANO BEACH, FL 33064

FEI Number: 20-4336787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DA SILVA, MARCIO M
1821 LYONS ROAD
#103
POMPANO BEACH, FL 33063 US

Name and Address of New Registered Agent:

DA SILVA, MARCIO M
400 NW 34TH ST
119
POMPANO BEACH, FL 33064 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: 09/05/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: DA SILVA, MARCIO M
Address: 1821 LYONS ROAD # 103
City-St-Zip: POMPANO BEACH, FL 33063

Title: D (X) Delete
Name: DA SILVA, MARCIO M
Address: 1821 LYONS ROAD # 103
City-St-Zip: POMPANO BEACH, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: DA SILVA, MARCIO M
Address: 400 NW 34TH ST # 119
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARCIO M DA SILVA PVST 09/05/2008
Electronic Signature of Signing Officer or Director — Date