

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90046 023 \*\*\*150.00

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| <b>DOCUMENT # P07000121899</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                                                                |                                                                                                                                            |
| 1. Entity Name:<br><b>CASA NORTE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                                                                                                                                                 |                                                                                                                                            |
| Principal Place of Business<br><b>520 BRICKELL KEY DRIVE 0-305<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Mailing Address<br><b>520 BRICKELL KEY DRIVE 0-305<br/>MIAMI, FL 33131</b>                                                                                                                                                                      |                                                                                                                                            |
| <b>1000 ISLAND BLVD. 1000 ISLAND BLVD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                                                                                                                                 |                                                                                                                                            |
| 2. Principal Place of Business - No P.O. Box #<br><b>APT. 1712</b><br>Suite, Apt. #, etc.<br><b>AVENTURA FL</b><br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | 3. Mailing Address<br><b>APT. 1712</b><br>Suite, Apt. #, etc.<br><b>AVENTURA FL</b><br>City & State                                                                                                                                             |                                                                                                                                            |
| Zip<br><b>33160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country<br><b>USA</b>                                                                                        | Zip<br><b>33160</b>                                                                                                                                                                                                                             | Country<br><b>USA</b>                                                                                                                      |
| 4. FEI Number<br><b>61-1545086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Applied For<br>Not Applicable                                                                                                                                                                                                                   |                                                                                                                                            |
| 5. Certificate of Status Desired<br><b>L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | \$8.75 Additional Fee Required                                                                                                                                                                                                                  |                                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC<br/>520 BRICKELL KEY DRIVE 0-305<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br><b>MICHAEL D. BUTTERMAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1000 ISLAND BLVD. APT. 1712</b><br><b>AVENTURA</b><br>City<br><b>FL</b> Zip Code<br><b>33160</b> |                                                                                                                                            |
| 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 obligation of the registered agent.                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                                                                                                                                                                 |                                                                                                                                            |
| SIGNATURE: <b>MICHAEL D. BUTTERMAN, PRESIDENT, CASA NORTE INC.</b><br><small>(Signature typed or printed in name of registered agent and filed on separate page) (Not for Registered Agent Signature required on registration)</small>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                                                                                                                                                                 |                                                                                                                                            |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                 |                                                                                                                                            |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07                                                                                                                                                                                          |                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>BUTTERMAN, MICHAEL D<br>520 BRICKELL KEY DRIVE 0-305<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1000 ISLAND BLVD., APT 1712<br/>AVENTURA, FL 33160</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>BUTTERMAN, RITA<br>520 BRICKELL KEY DRIVE 0-305<br>MIAMI, FL 33131 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1000 ISLAND BLVD., APT. 1712<br/>AVENTURA, FL 33160</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>MICHAEL D. BUTTERMAN, PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | Date: <b>04-11-08</b> (305-933-1162)                                                                                                                                                                                                            |                                                                                                                                            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Date                                                                                                                                                                                                                                            |                                                                                                                                            |