2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057700

City-St-Zip:

MIAMI, FL 33152

FILED May 24, 2004 Secretary of State

20011		1000007700		ocorciary or oracc	
Entity Na	me: CASA, IN	NC.			
Current Principal Place of Business:			New Principal Place o	of Business:	
3050 NW 8 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX MIAMI, FL			3050 NW 82 AVE MIAMI, FL 33122		
FEI Number	: 65-0573049	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:	
CABALLER 7311 NW 7 #20 MIAMI, FL			CABALLERO, LUIS I 3050 NW 82 AVE MIAMI, FL 33122 US	5	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				05/24/2004	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CABALLERO, P.O. BOX 520: MIAMI, FL 33:	598 N/A	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (CABALLERO, P.O. BOX 520 MIAMI, FL 33	598 N/A	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (CABALLERO, P.O. BOX 520		Title: (Name: Address:	() Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: CABALLERO LUIS P 05/24/2004