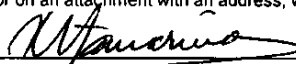


2008

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90028 002 ***150.00

DOCUMENT # P97000063426					
1. Entity Name Casa Furnishings, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3900 N.E. 1st Ave. Suite, Apt. #, etc.			3. Mailing Address 3900 N.E. 1st Ave. Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33137-3608		Country USA		4. FEI Number 65-0768866	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Santamarina, Raul	
				Street Address (P.O. Box Number is Not Acceptable) 9411 S.W. 55th St.	
				City Miami	
				FL Zip Code 33165	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Santamarina, Raul 9411 S.W. 55th St. Miami, FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  Raul Santamarina 4/23/08 305-576-5545					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)