

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036643

FILED
Jul 20, 2006
Secretary of State

Entity Name: CASA DI CONTRA CORP

Current Principal Place of Business:

5561 NW 72 AVE.
MIAMI Y, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 520333
MIAMI, FL 33166

New Mailing Address:

FEI Number: 52-2180654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, TOMAS
5561 NW 72 AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVERA, TOMAS
Address: 3051 NW 75 AVE
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: ASUNCION, LUIS
Address: 38760 SW 212 AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: ROBINS, MARIA
Address: 38760 SW 212 AVE
City-St-Zip: MIAMI, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ASUNCION LUIS

D

07/20/2006

Electronic Signature of Signing Officer or Director

_____ Date