2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036643

Entity Name: CASA DI CONTRA CORP

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5561 NW 72 AVE. MIAMI Y, FL 33166

Current Mailing Address: New Mailing Address:

PO BOX 520333 MIAMI, FL 33166

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, TOMAS TOMLINSON, RENEE 5561 NW 72 AVENUE 5561 NW 72 AVENUE MIAMI, FL 33166 US MIAMI, FL 33166 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: RENEE TOMLINSON 05/02/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 RIVERA, TOMAS
 Name:
 TOMLINSON, RENEE

 Address:
 3051 NW 75 AVE
 Address:
 3051 NW 75 AVE

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:
 MIAMI, FL 33122

Title: D () Delete Title: () Change () Addition

 Name:
 ASUNCION, LUIS
 Name:

 Address:
 38760 SW 212 AVENUE
 Address:

 City-St-Zip:
 FLORIDA CITY, FL 33034
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ROBINS, MARIA
 Name:

 Address:
 38760 SW 212 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33034
 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: RENEE TOMLINSON PD 05/02/2007