


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
PAID
 Jan 17, 2005 08:00 AM
 Secretary of State

DOCUMENT # P99000044300
 1. Entity Name
 CASO REAL ESTATE INVESTMENTS, INC.



Principal Place of Business Mailing Address
 7451 SW 50 TERR 7451 SW 50 TERR
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0919568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 CASO, RICHARD
 7451 SW 50 TERR
 MIAMI, FL 33155

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6. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASO, RICHARD 7451 SW 50 TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASO, LINDA 7451 SW 50 TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASO, MANUEL JR 7451 SW 50 TERR MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/27/05-80081-1014 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Caso* *Linda Caso/V.P.* 1/4/05 (305) 667-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #