2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # V73678

1. Entity Name
CASSINA CUSTOM HARDWARE CORPORATION

Principal Place of Business	Mailing Address
2559 JARDIN TERR WESTON, FL 33327 US	1304 SW 160TH AVE #445 SUNRISE, FL 33326 US

DO NOT WRITE IN THIS SPACE

03092006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0364283

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASSINA, LORENZO
2559 JARDIN TERRACE
WESTON, FL 33327

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	OP
NAME	CASSINA, LORENZO
STREET ADDRESS	2559 JARDIN TERRACE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	DV
NAME	CASSINA, MARIANA
STREET ADDRESS	2559 JARDIN TERRACE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ___X_____ LORENZO CASSINA   X 03/14/06   (954) 389-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #