

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215535140		
1.) CORPORATION NAME: <b>CASA, Inc. (Consumer Advocate Solutions of America)</b>		DUE DATE: <b>11/30/2015</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>HORTENCIA TORRES 904 LINCOLN AVE FALLS CHURCH, VA</b>		SCC ID NO: <b>07579246</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>				
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 904 LINCOLN AVE  CITY/ST/ZIP: FALLS CHURCH, VA 22046				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: HORTENCIA TORRES TITLE: DIRECTOR ADDRESS: 904 LINCOLN AVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: KARLA CARABALLO-TORRES TITLE: DIRECTOR ADDRESS: 904 LINCOLN AVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ HORTENCIA TORRES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HORTENCIA TORRES, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/24/2015 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				