

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89937

FILED  
Apr 10, 2004  
Secretary of State

Entity Name: CASTELLON PROPERTIES, INC.

**Current Principal Place of Business:**

169 NW 44 ST  
STE 17  
FT. LAUDERDALE, FL 333093923 US

**New Principal Place of Business:**

101 NORTH STATE ROAD 7  
SUITE 9  
MARGATE, FL 33063 US

**Current Mailing Address:**

169 NW 44ST  
STE 17  
FORT LAUDERDALE, FL 333093923 US

**New Mailing Address:**

FEI Number: 65-0121424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASTELLON, ANDRES J  
426 LAKESIDE DR #242  
MARGATE, FL 33063

**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: PS ( ) Delete  
Name: CASTELLON, ANDRES J.  
Address: 426 LAKESIDE DR., #242  
City-St-Zip: MARGATE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: CASTELLON, ANDRES J PRES.  
Address: 426 LAKESIDE DR., #242  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDRES J. CASTELLON

PRES

04/10/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date