


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000132157

1. Entity Name
CASTLEROCK INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9455 Collins Ave

3. Mailing Address
c/o MATTHEW MOYAL

Suite, Apt. #, etc. # 307 Suite, Apt. # etc. 8 FINCH AVE WEST

City & State
SURFSIDE, FLORIDA

City & State
TORONTO, ONTARIO

Zip
33154

Country
U.S.A.

Zip
M2N 6L1

Country
CANADA

4. FEI Number
N/A

Applied For
 Not Applicable

5. Certificate of Status Desired
N/A \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MATTHEW MOYAL

Street Address (P.O. Box Number is Not Acceptable)
9455 Collins Ave, Apt. 307

City
SURFSIDE FL Zip Code
33154

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 _____ (NOT: Registered Agent signature required when re-certifying) _____ DATE _____

Make Check Payable to Florida Department of State

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	<u>PRESIDENT MATTHEW MOYAL 9455 Collins Ave. # 307 SURFSIDE, Florida 33154 USA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT ESTHER MOYAL 9455 Collins Ave # 307 SURFSIDE, Florida 33154 USA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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Moyal & Moyal
Barristers & Solicitors
practicing in association

Matthew M. Moyal, B.A., LL.B. Notary
Certified by the Law Society of Upper Canada
as a Specialist in Immigration Law

North American Centre
8 Finch Ave. West
Toronto (North York), Ontario,
M2N 6L1 Canada
E-Mail: moyal@idirect.com

Tel: (416) 733-0330
Fax: (416) 250-1818

IN THIS SPACE

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 Statute. 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 907, Florida Statute, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.


SIGNATURE: MATTHEW MOYAL, President April 25/03 3052649429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034F (1/2002)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200132157

1. Entity Name
CASTLEROCK INCORPORATED



80096960

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9455 Collins AVE
Suite, Apt. #, etc **# 307**

3. Mailing Address
c/o MATTHEW MUYAL
Suite, Apt. # etc **8 FINCH AVE WEST**

DO NOT WRITE IN THIS SPACE

City & State **SURFSIDE, FLORIDA**

City & State **TORONTO, ONTARIO**

Zip **33154** Country **U.S.A.** Zip **M5N 6L1** Country **CANADA**

4. FEI Number **N/A** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **MATTHEW MUYAL**

Street Address (P.O. Box Number is Not Acceptable)
9455 Collins AVE, Apt. 307

City **SURFSIDE FL** Zip Code **33154**

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

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	PRESIDENT MATTHEW MUYAL 9455 Collins AVE # 307 SURFSIDE, FLORIDA 33154 USA	TITLE NAME STREET ADDRESS CITY ST ZIP	
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CR2E0346 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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 on an attachment with an address, with all other like empowered

SIGNATURE: MATTHEW MUYAL, President April 25/03 3052649429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone