2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 30, 2007 8:00 am Secretary of State DOCUMENT # P03000142002 05-30-2007 90006 047 ***150.00 1. Entity Name CASTRO ELECTRIC COMPANY, INC. Principal Place of Business Mailing Address 40119054 8617 JACKSON SPRINGS RD. 8617 JACKSON SPRINGS RD. TAMPA, FL 33615 TAMPA, FL 33615 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 Cha-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 56-2420288 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTRO, MIGUEL S 8617 JACKSON SPRINGS RD. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33615 City Zip Code 8. The above named entity lomits 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 ed ageni gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILÉ NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASTRO, MIGUEL S NAME 8617 JACKSON SPRINGS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true de 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 ke empowered.

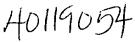
AME OF SIGNING OFFICER OR DIRECTOR

FILED

8/3886-5526

Daytime Phone #

Division of Corporations





ATTACHMENT H0119054 Division of Corporations

Annual Report

Annual Report Help

Document Number P03000142002 Business Entity Name

CASTR	O ELECTRIC COMPANY, INC.
FEI Number	562420288
FEI Number Status	€ Listed Above ← Applied For ← Not
Certificate of Status Desired	Yes • No \$8.75 each
Election Campaign Financing Trust Fu	and Yes 6 No
'P ₁	rincipal Place of Business
Address	8617 JACKSON SPRINGS RD.
Suite, Apt. #, etc.	
City, State	TAMPA , FL
Zip Code & Country	Drawnerson Control Section (1977)
	A 11
	Mailing Address
Address	8617 JACKSON SPRINGS RD.
Suite, Apt. #, etc.	
City, State	TAMPA , FL
Zip Code & Country	33615
Name a	nd Address of Registered Agent
Name (Last, First, Middle, Title)	CASTRO MIGUEL S
- OR -	
Business to serve as RA	
Address (PO Box is not accepta	ible) 8617 JACKSON SPRINGS RD.
Suite, Apt. #, etc.	
City, State	TAMPA , FL
Zip Code & Country	33615 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

Division of Corporations

ALIACHMENT

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PVTS			
Name (Last, First, Middle, Title)	CASTRO	MIGUEL	,s	
- OR -			•	
Entity Name to serve as Officer/Director				
Street Address	8617 JACKSON SPRINGS RD.			
City, State	TAMPA	7	FL	
Zip Code & Country	33615			
Title				
Name (Last, First, Middle, Title)				
- OR - Entity Name to serve as Officer/Director				
Street Address				
City, State				
Zip Code & Country		prononnonno		
Title				
Name (Last, First, Middle, Title)				
- OR -				
Entity Name to serve as Officer/Director			:	
Street Address				
City, State	anno processo de la companya de la c	**************************************	annencoarcado e	
Zip Code & Country				

Page 3 of 4 Division of Corporations Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officer/Director Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officer/Director Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officer/Director Street Address City, State Zip Code & Country An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block. PRES Title Officer/Director Signature This signature must be that of the individual "signing" this document electronically or be

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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