

2004, **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96 000 0 27259**
 1. Entity Name
CASTLE'S BROTHERS ENTERPRISES INC

FILED

04 JAN -9 AM 8:19

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04
 DO NOT WRITE IN THIS SPACE
 12/19/03 01055 010 150.00
 4. FEI Number
652 0654 33 V
 Applied For
 Not Applicable

2. Principal Place of Business
2440 SW 67 AVE
 Suite, Apt. #, etc.
 City & State
MIAMI FL
 Zip
33155 Country
MIAMI Dade

3. Mailing Address
461 NW 189 Terrace
 Suite, Apt. #, etc.
 City & State
Pembroke Pines FL
 Zip
33029 Country

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 **Pedro P Castillo**
 Street Address (P.O. Box Number is Not Acceptable)
461 NW 189 Terrace
 City **Pembroke Pines** **FL** Zip Code **33029**

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.
 SIGNATURE **Pedro P Castillo** DATE **12-30-03**
Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-D Castillo, Pedro P 461 NW 189 Terrace Pembroke Pines FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pedro Castillo** DATE **12/30/03** DAYLIFE PHONE # **305-261-5864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miami, Fl
December 29th,2003

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Fl 32302-1500
Att: Tina
Ref: Castle's Brothers Enterprises Inc.
Document # P96000027259
Annual Report 2003

Gentlemen:
Att: TINA

As President of Castle's Brothers Enterprises Inc., I would like to inform you that I never received the notification for the Annual Report of 2003. Therefore, I am sending the 2003 form for the Corporation Reinstatement; and the 2004 form accompanied with a check #3612, for the amount of \$150.00 to bring it up to date.

I thank you for your help and cooperation.

Cordially,


Pedro P. Castillo

President