

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000059577

**FILED**  
**Feb 04, 2024**  
**Secretary of State**  
**1849293485CC**

**Entity Name:** LAW OFFICES OF HERNAN CASTRO, P.A.

**Current Principal Place of Business:**

1535 COGSWELL ST.  
SUITE A-5  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1535 COGSWELL ST.  
SUITE A-5  
ROCKLEDGE, FL 32955

**FEI Number: 59-3586255**

**Certificate of Status Desired: No**

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

CASTRO, HERNAN  
1535 COGSWELL ST.,  
SUITE A-5  
ROCKLEDGE, FL 32955 US

*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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           CASTRO, HERNAN ESQ  
Address        1535 COGSWELL ST., SUITE A-5  
City-State-Zip: ROCKLEDGE FL 32955

Title           PRESIDENT  
Name           CASTRO, LAURA  
Address        1535 COGSWELL ST., SUITE A-5  
City-State-Zip: ROCKLEDGE FL 32955

Title           VP  
Name           CASTRO, MATTHEW RYAN  
Address        1535 COGSWELL ST.  
                  SUITE A-5  
City-State-Zip: ROCKLEDGE FL 32955

*I hereby 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 all other like empowered.*

**SIGNATURE: LAURA CASTRO**

**PRESIDENT**

**02/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date