

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000068155

**Entity Name:** ADRIAN R. CASTRO ATTORNEY AT LAW A PROFESSIONAL ASSOCIATION

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC1992946696**

**Current Principal Place of Business:**

505 E. JACKSON ST.,  
SUITE 210  
TAMPA, FL 33602

**Current Mailing Address:**

505 E. JACKSON ST.,  
SUITE 210  
TAMPA, FL 33602 US

**FEI Number:** 59-3677114

**Certificate of Status Desired:** No

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

CASTRO, ADRIAN R  
505 E. JACKSON ST.,  
SUITE 210  
TAMPA FL 33602 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            O  
Name            CASTRO, ADRIAN R  
Address        505 E. JACKSON ST., SUITE 210  
City-State-Zip: TAMPA FL 33602

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:** ADRIAN R. CASTRO

**OFFICER**

**04/01/2015**

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

\_\_\_\_\_  
Date