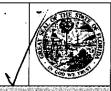
FOR PROFIT CORPORATION 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 181769

1. Entity Name

CASTLE HOMES INC.



FILED May 30, 2003 8:00 am Secretary of State

05-30-2003 90085 027 ***550.00

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|---|----|---|---|--|--|---|---|----|-----|---|---------|---|---|---|---|---|---|---|--|

2. Principal Place of Business
1231-99TH STREET
Suite, Apt. #, etc.

City & State
Page 3 State
City & State
C

DO NOT WRITE IN THIS SPACE

City & State
Bay Hanbon I sland FL City & State
Miami Beach FL 59-0820644

Zip Country 33141

Country State Miami Beach FL 59-0820644

State Miami Beach FL 59-0820644

Applied For Not Applicable

State Miami Beach FL 59-0820644

St

DO NOT WRITE IN THIS SPACE

| 7. | Name | and | Address | of | Current | Reg | jistered | Agent |
|----|------|-----|---------|----|---------|-----|----------|-------|
| | | | | _ | | | · | |

^{re} GERSON, GARY R., CPA

Street Address (P.O. Box Number is Not Acceptable)-

666 71ST STREET

City MIAMI BEACH

FL Zip3Csde 4

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS TITLE THE NAME Gerson, Gary R. 666 71st Street NAME STREET ADDRESS STREET ADDRESS CITY-ST; ZIP CITY-ST-ZIP Miami Beach, FL TITLE TITLE STD NAME NAME Orleans, Doris 444 E. 82nd Street New York, NY 10028 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Gerson, Gary R. STREET ADDRESS STREET ADDRESS 666 71st Street DO NOT WRITE CITY-ST-ZIP <u>Miami Beach FL</u> 33141 CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TILE TITLE 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 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 expowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/28/03

Daytime Phone #

CR2E034B (12/02)