


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90035 018 \*\*\*\*61.25

DOCUMENT # 720752 1. Entity Name CASTLE #4 CONDOMINIUM, INC.			
Principal Place of Business 4801 N. W. 22ND COURT LAUDERHILL FL 33313		Mailing Address 4801 N. W. 22ND COURT LAUDERHILL FL 33313	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1402609		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  OVERK, ANGELINA 4801 N W 22 CT LAUDERHILL FL 33313		7. Name and Address of New Registered Agent Name SANDRA HENDERSON Street Address (P.O. Box Number is Not Acceptable) 4801 NW 22 CT City LAUDERHILL FL Zip Code 33313	
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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 *Sandra Henderson* DATE 3/20/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HENDERSON, SANDRA STREET ADDRESS 4801 NW 22 CT CITY-ST-ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BARBANELL, LOUIS STREET ADDRESS 4801 N.W. 22 CT. CITY-ST-ZIP LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete	TITLE VD NAME NAT ROTHENBERG STREET ADDRESS 4801 NW 22 CT CITY-ST-ZIP LAUDERHILL, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MIKELL, ANTHONY STREET ADDRESS 4801 NW 22ND COURT CITY-ST-ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME REED, GEANETHA STREET ADDRESS 4801 NW 22ND COURT CITY-ST-ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME OVERK, ANGELINA STREET ADDRESS 4801 NW 22ND COURT CITY-ST-ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KANNER, MARLENE STREET ADDRESS 4801 NW 22ND COURT CITY-ST-ZIP LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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 like empowered.

SIGNATURE: *Angelina Overk* ANGELINA OVERK DATE 3/20/05 954-739-1414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #