


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 810091
 1. Entity Name
CASTRO REALTY CORPORATION



Principal Place of Business Mailing Address
95 FOREST AVE **95 FOREST AVE**
LOCUST VALLEY, NY 11560 US **LOCUST VALLEY, NY 11560 US**

DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
11-1699823 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GRANET, LLOYD
2295 NW CORPORATE BLVD
SUITE 235
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	AUSTIN, DAVID
STREET ADDRESS	95 FOREST AVE
CITY - ST - ZIP	LOCUST VALLEY, NY 11500
TITLE	PD
NAME	KEOGH, TERRI A
STREET ADDRESS	95 FOREST AVE
CITY - ST - ZIP	LOCUST VALLEY, NY 11500
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____