2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 19, 2008 8:00 am Secretary of State **DOCUMENT #810091** 05-19-2008 90035 010 ***158.75 1. Entity Name CASTRO REALTY CORPORATION 40103991 Principal Place of Business Mailing Address 95 FOREST AVE 95 FOREST AVE LOCUST VALLEY, NY 11560 LOCUST VALLEY, NY 11560 US No Cha-P 05092008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-1699823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANET, LLOYD DO NOT WRITE 2295 NW CORPORATE BLVD **SUITE 235** IN THIS SPACE BOCA RATON, FL 33431 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE AUSTIN, DAVID NAME STREET ADDRESS 95 FOREST AVE LOCUST VALLEY, NY 11500 CITY-ST-ZIP TITLE PD KEOGH, TERRI A NAME STREET ADDRESS 95 FOREST AVE CITY-ST-ZIP LOCUST VALLEY, NY 11500 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME

FILED

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Dere Ketoal	Terri Akeogh		516-656-3100
	SIGNATURE AND TYPED OR PRINTED NAME OF	BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #