


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90035 010 \*\*\*158.75

**DOCUMENT # 810091**  
 1. Entity Name  
**CASTRO REALTY CORPORATION**



Principal Place of Business 95 FOREST AVE LOCUST VALLEY, NY 11560 US	Mailing Address 95 FOREST AVE LOCUST VALLEY, NY 11560 US
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**DO NOT WRITE IN THIS SPACE**

40103991



05092008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-1699823	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \$550.00 Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUSTIN, DAVID 95 FOREST AVE LOCUST VALLEY, NY 11500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEOGH, TERRI A 95 FOREST AVE LOCUST VALLEY, NY 11500
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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: *Terri A. Keogh* *Terri A. Keogh* 516-656-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #