


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F17187


1. Entity Name
CASTLE-MOUNT INVESTMENTS, INC.



Principal Place of Business
4241 CASPER CT
HOLLYWOOD, FL 33021 US

Mailing Address
4241 CASPER CT.
HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2827118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLOSBERG, MINDY
4241 CASPER CT.
HOLLYWOOD, FL 33021

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	DP SCHLOSBERG, MARTIN W 4241 CASPER CT. HOLLYWOOD, FL 33021
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 05/16/07-80059-024 150.00

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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: CASILE MOUNT INVESTMENTS INC BY: MARTIN SCHLOSBERG, DP **4/24/07** **(954) 274-0199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #