


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90203 008 ***158.75

DOCUMENT # F46529 1. Entity Name CASTILLA MARKET CORPORATION	
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Principal Place of Business 890 SW 87TH AVE MIAMI, FL 33174	Mailing Address 890 SW 87TH AVE MIAMI, FL 33174
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2. Principal Place of Business 1601 SW 93 Court Suite, Apt. #, etc.	3. Mailing Address 1601 SW 93 Court Suite, Apt. #, etc.
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04072004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-2130951	Applied For Not Applicable
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Zip 33165	Country USA	Zip 33165	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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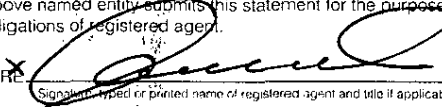
6. Name and Address of Current Registered Agent

GONZALES, ANA M
1601 S.W. 93 CT.
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity admits 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 _____

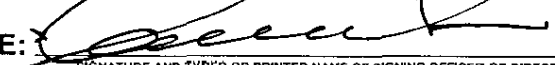
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/>
NAME	GONZALES, VICTOR	
STREET ADDRESS	1601 S.W. 93 CT.	
CITY-ST-ZIP	MIAMI FL,	
TITLE	STD	<input type="checkbox"/>
NAME	GONZALES, ANA M	
STREET ADDRESS	1601 S.W. 93 CT.	
CITY-ST-ZIP	MIAMI FL,	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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

4-7-04 (305) 553-4333
Date Daytime Phone #