2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90262 005 ***150.00

DOCUMENT # G08349

1. Entity Name
CASPAD REALTY INC.

Principal Place of Business	Mailing Address
6004 VISTA LINDA LANE BOCA RATON, FL 33433 US	6004 VISTA LINDA LANE BOCA RATON, FL 33433 US

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
21341 GOSIER WAY	21341 GOSIER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca RATON FL	City & State: BOCA RATON FL
Zip: 33428 Country: U.S.	Zip: 33428 Country: U.S.

4. FEI Number: 59-2298319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELO, MANUEL
21696 MARIGOT DRIVE
BOCA RATON, FL ~~33488~~ 33428

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 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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S CASTELO, MANUEL JR 16000 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 21696 MARIGOT DRIVE BOCA RATON, FL 33428
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SPADARO, JOSEPHINE 6004 VISTA LINDA LANE BOCA RATON, FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 21341 GOSIER WAY BOCA RATON, FL 33428
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: Manuel Castelo MANUEL CASTElo 1-11-06 561 852-9912

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

Sec.