

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K30763**

1. Entity Name  
**RAUL CASTRE II CORPORATION**



Principal Place of Business

7795 W. FLAGER ST.  
SUITE 82K & 13B  
MIAMI, FL 33144

Mailing Address

7795 W. FLAGER ST.  
SUITE 82K & 13B  
MIAMI, FL 33144



03172006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0067609**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, RAUL, JR.  
401 SW 135TH AVENUE  
MIAMI, FL 33184

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VAZQUEZ, RAUL JR.
STREET ADDRESS	401 SW 135TH AVENUE
CITY-ST- ZIP	MIAMI, FL
TITLE	SD
NAME	VAZQUEZ, LEANDRO
STREET ADDRESS	415 SW 43RD AVENUE
CITY-ST- ZIP	MIAMI, FL
TITLE	TD
NAME	VAZQUEZ, RAUL
STREET ADDRESS	415 SW 43RD AVENUE
CITY-ST- ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000506347  
04/27/06-80015-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

305-266-5725

Date

Daytime Phone #