

FROM : LEAL & ROS ACCOUNTING & TAX PHONE NO. : 305 444 9929

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90098 032 ****50.00

DOCUMENT # L04000001108 1. Entity Name CASTOR, LLC	
--	---

Principal Place of Business 8500 NE 10TH AVE. MIAMI, FL 33138 US	Mailing Address 8500 NE 10TH AVE. MIAMI, FL 33138 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

20061669



07012005 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1092748	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent ADELSON, ANTHONY S ESQ. 3180 SOUTH OCEAN DR. 515 HALLANDALE BEACH, FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

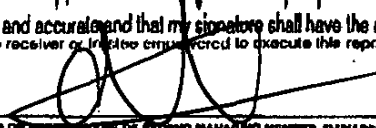
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signers, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when releasing) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ERIKSSON, CHRISTER J 8500 NE 10TH AVE. MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOLINA-POLANCO, JORGE 8500 NE 10TH AVE. MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **6/29/05 305-2153326**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____