


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90384 002 ***150.00

DOCUMENT # L73701	
1. Entity Name LAW OFFICES OF FRANCIS X. CASTORO, P.A.	

Principal Place of Business %MICHAEL W. CASTORO 2100 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	Mailing Address %MICHAEL W. CASTORO 2100 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
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2. Principal Place of Business 6555 Powerline Rd Suite, Apt. #, etc. 301	3. Mailing Address 3032 E Commercial Blvd #23 Suite, Apt. #, etc. #23
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City & State Fort Lauderdale	City & State Fort Lauderdale
Zip 33309	Country
Zip 33308	Country

6. Name and Address of Current Registered Agent	
CASTORO, MICHAEL W. 2100 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	

7. Name and Address of New Registered Agent	
Name Francis X Castoro	
Street Address (P.O. Box Number is Not Acceptable) 3032 E. Commercial Blvd #23	
City Fort Lauderdale	FL Zip Code 33308

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: *Francis X Castoro* DATE: 4/26/05

Signature used 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, 2005 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	D CASTORO, FRANCIS X. 2100 HOLLYWOOD BLVD. HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3032 E. Commercial Blvd #23 Fort Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francis X Castoro* DATE: 4/26/05 DAYTIME PHONE #: 954 922 0505

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

