## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000002

FILED Apr 19, 2006 Secretary of State

Entity Name: CASTELLO II CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
_	ND STREET			
0 1IAMI, FL	33130			
urrent Mailing Address:		New Mailing Addres	New Mailing Address:	
	ND STREET			
0 1IAMI, FL	33130			
El Number	: 20-1721948	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	D, SILVIA ND STREET			
_				
·	33130 US	ubmits this statement for the	ourness of changing its registers	ad office or registered agent, or both
ĪIAMI, FL he above	33130 US	ubmits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
ĪIAMI, FL he above	33130 US e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
IIAMI, FL he above the Stat	33130 US e named entity s e of Florida. RE:	ubmits this statement for the place of Registered Ag		ed office or registered agent, or both,  Date
IIAMI, FL he above the Stat IGNATU	33130 US e named entity s e of Florida. RE:	ic Signature of Registered Ag	ent	
IIAMI, FL he above the Stat IGNATU	33130 US e named entity s e of Florida.  RE: Electroni S AND DIRECT	ic Signature of Registered Ag FORS: Delete Y D CT.	ent	Date
he above the State GNATU  PFFICER tte: ame: ddress:	33130 US e named entity s e of Florida.  RE: Electroni S AND DIRECT P () FRAU, JEFFREY 6040 SW 153RI MIAMI, FL 3319	ic Signature of Registered Ag  FORS:  Delete  Y  D CT.  33  Delete  BER  REET, APT 1	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA TRAVIESO T 04/19/2006