2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000000002

Entity Name: CASTELLO II CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

853 SW 2ND STREET
10
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

762 SW 18TH AVE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-1721948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVIESO, SILVIA
853 SW 2ND STREET
10
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRAU, JEFFREY
Address: 6040 SW 153RD CT.
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete
Name: RINEHART, AMBER
Address: 835 SW 2ND STREET, APT 1
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete
Name: COLUCCI, SILVIA
Address: 690 SW 1 CT APT 3118
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY FRAU P 04/30/2009

Electronic Signature of Signing Officer or Director — Date