

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000007

**FILED**  
**May 06, 2004**  
**Secretary of State****Entity Name:** CASTELLO 1 CONDOMINIUM ASSOCIATION INC.**Current Principal Place of Business:**150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131**New Principal Place of Business:**150 SE 2ND AVE  
SUITE 807  
MIAMI, FL 33131**Current Mailing Address:**150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131**New Mailing Address:**150 SE 2ND AVE  
SUITE 807  
MIAMI, FL 33131**FEI Number:** 11-3712130**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VALLE, MARIA FERNANDEZ  
10570 NW 27 ST  
UNIT 103  
MIAMI, FL 33172 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:** MARTINEZ, MAURICIO  
**Address:** 150 SE 2ND AVE SUITE 404  
**City-St-Zip:** MIAMI, FL 33131**Title:** S ( ) Delete  
**Name:** MALABET, JOSE  
**Address:** 150 SE 2ND AVE SUITE 404  
**City-St-Zip:** MIAMI, FL 33131**Title:** T ( ) Delete  
**Name:** SARABIA, CARLOS  
**Address:** 150 SE 2ND AVE SUITE 404  
**City-St-Zip:** MIAMI, FL 33131**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** MARTINEZ, MAURICIO  
**Address:** 150 SE 2ND AVE SUITE 807  
**City-St-Zip:** MIAMI, FL 33131**Title:** S (X) Change ( ) Addition  
**Name:** MALABET, JOSE  
**Address:** 150 SE 2ND AVE SUITE 807  
**City-St-Zip:** MIAMI, FL 33131**Title:** T (X) Change ( ) Addition  
**Name:** SARABIA, CARLOS  
**Address:** 150 SE 2ND AVE SUITE 807  
**City-St-Zip:** MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS SARABIA

T

05/06/2004

Electronic Signature of Signing Officer or Director

Date