2004 FOR PROFIT CORPORATION

FILED Aug 09, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P00000032353** FRANK CASTRO CORPORATION Principal Place of Business Mailing Address 3103 NW 20 ST. 3103 NW 20 ST. MIAMI, FL 33142 MIAMI, FL 33142 07092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1013936 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CASTRO, FRANCISCO DO NOT WRITE 11261 SW 176 STREET MIAMI, FL 33157 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Due by September 8, 2004 **OFFICERS AND DIRECTORS** 10. TITLE PD U00000169798 08/09/04-80011-013 150.00 CASTRO, FRANCISCO NAME STREET ADDRESS 3103 NW 20 ST. MIAMI, FL 33142 SITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP nke NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3054560528

Daytimo Phone #