

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90028 004 ***150.00

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1. Entity Name

RAMON F. CASTRO & CO., CORP.



Principal Place of Business

16 N.E. 172ND STREET
N MIAMI BEACH, FL 33162

Mailing Address

16 N.E. 172ND STREET
N MIAMI BEACH, FL 33162

94036147



DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number

~~65-1051499~~ 651051449

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, RAMOND F
16 N.E. 172ND STREET
N MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity: is 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 register, and agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTRO, RAMON F
STREET ADDRESS 16 N.E. 172ND STREET
CITY-ST-ZIP N MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/04 305-051-9369

Date

Daytime Phone #