

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000020027

FILED
Jul 15, 2009
Secretary of State**Entity Name:** CASA CASTILLO SOTO, CORP.**Current Principal Place of Business:**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US**New Principal Place of Business:****Current Mailing Address:**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US**New Mailing Address:****FEI Number:** 65-1077940 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY SUITE 200
MIAMI, FL 33145 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:** PD () Delete
Name: CASTILLO, PEDRO RONMI
Address: 15779 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US**Title:** STD () Delete
Name: CASTILLO, PEDRO PABLO
Address: 14691 SW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: CASTILLO, MARTHA
Address: 15779 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO R. CASTILLO

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07/15/2009

Electronic Signature of Signing Officer or Director_____
Date