

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000037712

Entity Name: CASTLE AVALON, INC.

**FILED**  
**Sep 06, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

4941 LAKE DAISY ROAD  
WINTER HAVEN, FL 33884

## **New Principal Place of Business:**

## **Current Mailing Address:**

4941 LAKE DAISY ROAD  
WINTER HAVEN, FL 33884

## **New Mailing Address:**

27 MONTROSE AVE  
SUITE 2  
BROOKLYN, NY 11206

FEI Number: 20-5498928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

RAMPHIR, SHARON  
4941 LAKE DAISY ROAD  
WINTER HAVEN, FL 33884 US

## **Name and Address of New Registered Agent:**

RAMPHIR, NICKY  
4941 LAKE DAISY ROAD  
WINTER HAVEN, FL 33884 US

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: NICKY RAMPHIR

09/06/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COKER, SHARON  
Address: 4941 LAKE DAISY ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RAMPHIR, SHARON  
Address: 4941 LAKE DAISY ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON RAMPHIR

P

09/06/2006

Electronic Signature of Signing Officer or Director

Date