

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90152 027 \*\*\*150.00

DOCUMENT # P01000048987

1. Entity Name  
**GENARO CASTRO, INC.**



Principal Place of Business  
**3662 SW 22ND TERRACE  
MIAMI, FL 33145**

Mailing Address  
**3662 SW 22ND TERRACE  
MIAMI, FL 33145**

**50009098**



2. Principal Place of Business  
**3241 NW 18th Terr**  
Suite, Apt. #, etc.

3. Mailing Address  
**3241 NW 18th Terr**  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

03152006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1104253**

Applied For  
Not Applicable

Zip  
**33125**

Country  
**U.S.A.**

Zip  
**33125**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CASTRO, GENARO  
3662 SW 22ND TERRACE  
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3241 NW 18th Terrace**

City  
**Miami**

FL

Zip Code  
**33125**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**03/15/06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
CASTRO, GENARO  
3662 SW 22ND TERRACE  
MIAMI, FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
Genaro Castro  
3241 NW 18th Terrace  
MIAMI, FL 33125** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/15/06**

Date

**(305) 679-8494**

Daytime Phone #