

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 03, 2006 8:00 am  
Secretary of State**

05-03-2006 90253 040 \*\*\*150.00

**DOCUMENT #** *P01000092286*  
1. Entity Name  
CASTROS AIRPORT SHUTTLE & LIMOUSINE SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

**60035622**

2. Principal Place of Business  
4576 N.W. 41ST PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE, FL

City & State

Zip Country Zip Country  
33319

4. FEI Number  
65-1143961

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

Name  
BARBARA FOUST, CPA

Street Address (P.O. Box Number is Not Acceptable)  
3401 N.W. 202ND STREET

City Zip Code  
MIAMI GARDENS FL 33056-1722

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILNER CASTELIN 4576 N.W. 41ST PLACE LAUDERDALE LAKES, FLORIDA 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT YOLANDE JULES CASTELIN 4576 N.W. 41STREET LAUDERDALE LAKES, FLORIDA 33319
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilner Castelin* 4/7/2006 954-593-9052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #