2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# P01000096738

Entity Name: CASTILLO DEL MAR RESORT, INC.

Current Principal Place of Business:

5445 COLLINS AVE
CU 14
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

PO BOX 403028
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1143945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, LEOPOLDO
5445 COLLINS AVE CU 14
MIAMI BEACH, FL 33140 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: LEOPOLDO GONZALEZ
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BERKOWITZ, EMILO J JR
Address: PO BOX 403028
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete
Name: GONZALEZ, LEOPOLDO
Address: PO BOX 403028
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD ( ) Delete
Name: MECOZZI, HORACIO
Address: PO BOX 403028
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: BERKOWITZ, EMILO
Address: PO BOX 403028
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HORACIO MECOZZI PD 10/08/2007
Electronic Signature of Signing Officer or Director Date