2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000097626 02-07-2005 90094 038 ***150.00 1. Entity Name LOCASTRO ENTERPRISES, INC. Mailing Address Principal Place of Business 1700 N.W. 2ND. AVE. 50011313 1700 N.W. 2ND. AVE BOCA RATON, FL 33432 BOCA RATON, FL 33432 cipal Place of Business St 01262005 CR2E034 (10/03) Cha-P 4. FEI Number Applied For 65-1142698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Name and Address of New Registered Agent LOCASTRO, STEVEN R 1700 N.W. 2ND. AVE. BOCA RATON, FL 33432 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 the obligations of registered age Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE TITI F ■ Addition ☐ Delete NAME LOCASTRO, STEVEN R NAME 8110 NW-74TH AVE-STREET ADDRESS STREET ADDRESS CHY-ST-ZIP TAMARAC, FL. 33321 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE LOCASTRO, NATALIE NAME NAME -8110 NW 74TH AVE. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TAMARAC, FL 33321 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 07, 2005 8:00 am

Daytime Phone #