## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000100245

Entity Name: MAY CASTILLO INSURANCE AGENCY, INC,

FILED Apr 23, 2008 Secretary of State

| Current Principal Place of Business:           |   |                                  | New Principal Place o                       | New Principal Place of Business:             |  |
|--|---|----------------------------------|---|--|--|
| 7570 NW <sup>2</sup><br>SUITE 101<br>MIAMI, FL |   | :T                               |   |  |  |
| Current Mailing Address:                       |   |                                  | New Mailing Address                         | New Mailing Address:                         |  |
| 7570 NW <sup>7</sup><br>SUITE 101<br>MIAMI, FL |   | :T                               |   |  |  |
| FEI Number:                                    | 65-1146142                                    | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:  |   |                                  | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 8721 NW 1                                      | Z-CASTILLO, M<br>162ND TERRA<br>(ES, FL 33018 | ACE                              |   |  |  |
|  | named entity<br>e of Florida.                 | submits this statement for the p | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUR                                       | RE:   |                                  |   |  |  |
|  | Electro                                       | nic Signature of Registered Age  | ent   | Date   |  |
| Election Car                                   | npaign Financin                               | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                        |   |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:    | ,   |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |

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: MAY CASTILLO PRES 04/23/2008