## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # P02000018272  1. Entity Name CASTLE POST, INC.					03-30-2005 90047 049 ***155.00				
Principal Place	e of Business	Mailing Address							
4001 HOLIDAY DR #801							50032452		
2. Principal Place of Business 7 Court 3. Mailing Address 47 Court Suite, Apt. #, etc. Suite, Apt. #, etc.									
208 308				032	252005	Chg-P	CR2E034 (10/03)		
FORT LANDERDALE FL FORT LANDERDALE			is FL		El Number 01-0604	047		plied For t Applicable	
Zip <b>3</b> 33	Country A	zip 33308 C	ountry USA	<b>5</b> . c	ertificate o	Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
CASTELLAND STEPHEN A									
CASTELLANO, STEPHEN A					ss (P.O. Box Number in Not Acceptable)  NET 17				
HOLLYWOOD, FL 33021						- GURI	700		
CityFoct					LANDERDALE FL ZIPSSIOS				
8. The above named entity submits this statement for the purpose of changing it registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
_	ions of registered agent.			O. L.	·n .	زم	helas	•	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  NOTE: Regislared Agent eignature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.	ADI	DITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE	Operation	المصري	Stenue	A Pr Change	☐ Addition	
NAME STREET ADDRESS	CASTELLANO, STEPHEN A 4001 HILLCREST DR#801		NAME STREET ADDRESS	3080 N	E 4-	TA COURT	#308		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY+ST-ZIP	POET 6	LAVO	TOPLE	N A Pi Change - #308 FL 33308		
TITLE		☐ Detete	TITLE		•		☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP		ŀ	CITY-ST-ZIP				•		
12. I hereby indicated of the cor	certify that the information supplied with it on this report or supplemental report is reporation or the receiver or trustee empo	this filing does not qualify for the true and accurate and that my signered to execute this report as re	exemption state gnature shall ha	ed in Section 1 ave the same le	19.07(3)(i) egal effect	Florida Statutes. as if made under of	I further certify that the in path; that I am an officer	nformation or director	
		ith all other like empowered.	,						