


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90420 029 ***150.00

DOCUMENT # P02000063929

1. Entity Name
CASTANO, INCORPORATED



Principal Place of Business
 5761 SW 40TH AVE.
 FT. LAUDERDALE, FL 33314

Mailing Address
 5761 SW 40TH AVE.
 FT. LAUDERDALE, FL 33314

2. Principal Place of Business
6700 Green St

3. Mailing Address
6700 Green St

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33024 Country
US

Zip
33024 Country
US



03082006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
01-0711229 Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CASTANO, GABRIEL J 5761 SW 40TH AVE. FT. LAUDERDALE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6700 Green Street Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **President** (954) 868-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #