2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031508

Entity Name: M & M CASTLE, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16850 S. GALDES DR 4K NORTH MIAMI BEACH, FL 33162 **New Mailing Address: Current Mailing Address:** 16850 S. GALDES DR NORTH MIAMI BEACH, FL 33162 FEI Number: 74-3085738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANUEL, KARPENKOPF 16850 SOUTH GLADES DR APT # 4-K NORTH MIAMI BEACH, FL 33162 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARLENY, CASTILLO Name: Name: 1999 NE 183 STREET Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MANUEL. KARPENKOPF Name: 16850 S. GLADES DR # 4-K Address: Address: NORTH MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition MELIDA, CASTILLO Name: Name: 1999 NF 183 STREET Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: (X) Delete Title: () Change () Addition LUZ DARY, CASTILLO Name: Name: Address: 1999 NE 183 STREET Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL KARPENKOPF VP 04/30/2006