

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000066467

1. Entity Name
THE CASTLE CORP.



Principal Place of Business
**5445 COLLINS AVE
SUITE CU 14
MIAMI BEACH, FL 33140**

Mailing Address
**PO BOX 403028
MIAMI BEACH, FL 33140**



DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0787764 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, LEOPOLDO
5445 COLLINS AVE
SUITE CU14
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, LEOPOLDO PO BOX 403028 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MECOZZI, HORACIO PO BOX 403028 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERKOWITZ, EMILIO PO BOX 403028 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000552120
05/13/06-80127-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-06 (305) 772 5117