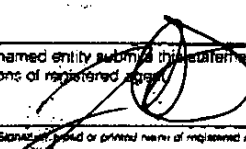
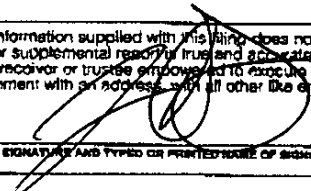


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90433 020 ***150.00

DOCUMENT # P03000078320			
1. Entity Name CASTELLO BROTHERS ENTERPRISES, INC.			
Principal Place of Business 2770 NE 15TH ST FT LAUDERDALE, FL 33304		Mailing Address 2770 NE 15TH ST FT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # MAMA MIA		3. Mailing Address 2455 MIDWAY RD	
Suite, Apt. #, etc. 2455 MIDWAY RD		Suite, Apt. #, etc. 	
City & State FT Pierce FL		City & State FT Pierce FL	
Zip 34981	Country USA	Zip 34941	Country USA
4. FEI Number APPLIED FOR 57-1178515		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTELLO, JAMES 2770 NE 15 ST. FT. LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent JAMES Castello 2455 MIDWAY RD Fort Pierce FL 34981	
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 		DATE 4/26/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	NAME CASTELLO, ANGELO	TITLE P	NAME Kisha Castello
STREET ADDRESS 2770 NE 15TH ST	CITY-ST-ZIP FT LAUDERDALE, FL 33304	STREET ADDRESS 	CITY-ST-ZIP
TITLE VPS	NAME CASTELLO, JAMES	TITLE 	NAME 2455 MIDWAY RD
STREET ADDRESS 2770 NE 15 ST	CITY-ST-ZIP FT LAUDERDALE, FL 33304	STREET ADDRESS FT Pierce FL 34981	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 		DATE 4/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF ADDRESS OFFICER OR DIRECTOR		Name	
		Daytime Phone #	

40090207



04262007 Chg-P CR2E034 (12/06)