04/26/2007 13:48 9544180254 JAMES W BU

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.

400902?

04262007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2770 NE 15TH ST FT LAUDERDALE, FL 33304	2770 NE 15TH ST FT LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
MAMA MIA	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 34981 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

Name James Castello
Street Address (P.O. Box Number is Not Acceptable) 2455 MIDWAY RD
City Fort Pierce FL Zip Code 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 ________ 4/26/07
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTELLO, ANGELO 2770 NE 15TH ST FT LAUDERDALE, FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kisha Castello	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS CASTELLO, JAMES 2770 NE 15 ST FT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2455 MIDWAY RD Ft Pierce FL 34981	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ________ 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #