

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

07 JAN 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

112

DOCUMENT # P04000017813

1. Entity Name

CASTRO'S SERVICES CORP.



DO NOT WRITE IN THIS SPACE

900086471009
01/30/07--01004--024 **450.00

2. Principal Place of Business

6156 NW 74 AVE.

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33166

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

05-07

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
208277785

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

7. Name and Address of Current Registered Agent

Name **TAMARA GALVEZ**

Street Address (P.O. Box Number is Not Acceptable)
11950 SW 208TH TERR

City **MIAMI** FL Zip Code **33177**

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]* DATE: _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAMARA GALVEZ 11950 SW 208 TH Terrace Miami FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: _____

K. Eckel JAN 24 2007

CR2E034B (12/02)

2/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 or any other notice from the Division of Corporations in respect with the Corporation **CASTRO'S SERVICES CORP.**

Thank you for your courtesy in this matter.



TAMARA GALVEZ
PRESIDENT