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Jun 12, 2006 8:00 am
Secretary of State
05-01-2006 90409 029 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054963

1. Entity Name
CASTILLO PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
45-55 NW 8TH STREET SUITE 103 HOMESTEAD, FL 33030	45-55 NW 8TH STREET SUITE 103 HOMESTEAD, FL 33030

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9230 N.E 2nd Ave	9230 N.E 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Shores	City & State: Miami, Shores
Zip: Fl / Country: 33138	Zip: Fl / Country: 33138

4. FEI Number: 56-2590067 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONA, RICARDO L
2800 PONCE DE LEON BLVD.
SUITE 1160
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Flora Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 7260 Bahamas Ave S
City: Lehigh Acres FL Zip Code: 33971

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] 4/25/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, LYDIA 45-55 NW 8TH STREET SUITE 103 HOMESTEAD, FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, PEDRO A 45-55 NW 8TH STREET SUITE 103 HOMESTEAD, FL 33030	☐ 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: Lydia Castillo Lydia Castillo 4/25/06 (305) 247-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #