

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 004 ***150.00

DOCUMENT # P05000090002

1. Entity Name
CASTELFRANCO, CORP.



Principal Place of Business
**2500 PARKVIEW DR. STE 2103
HALLANDALE, FL 33009**

Mailing Address
**POB 403028
MIAMI BEACH, FL 33140**

2. Principal Place of Business - No P.O. Box #

1470 NE 123 ST

3. Mailing Address

1470 NE 123 ST

Suite, Apt. #, etc.

SUITE 809

Suite, Apt. #, etc.

SUITE 809

City & State

NORTH MIAMI

City & State

NORTH MIAMI

Zip

33161

Country

MIAMI DADE

Zip

33161

Country

MIAMI DADE

05162007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3080653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COVIELLO, PASCUAL
6365 COLLINS AVE. #2205
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name

COVIELLO, PASCUAL

Street Address (P.O. Box Number is Not Acceptable)

1470 NE 123 ST

SUITE 809

City

NORTH MIAMI

FL

Zip Code

33161

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COVIELLO, PASCUAL
STREET ADDRESS 2500 PARKVIEW DR. STE 2103
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE DVP ☐ Delete
NAME MECOZZI, ELENA
STREET ADDRESS 2500 PARKVIEW DR. STE 2103
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE S ☐ Delete
NAME MORENO, JENNY
STREET ADDRESS 2500 PARKVIEW DR. STE 2103
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME COVIELLO, PASCUAL
STREET ADDRESS 1470 NE 123 ST SUITE 809
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE DVP ☐ Change ☐ Addition
NAME MECOZZI, ELENA
STREET ADDRESS 1470 NE 123 ST SUITE 809
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE S ☐ Change ☐ Addition
NAME MORENO, JENNY
STREET ADDRESS 6365 COLLINS AV SUITE 2205
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Covello Pascual

4/15/07

305 962 9930

Date

Daytime Phone #