2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

YPED OR PRIN

SIGNATURE AND

ED NAME OF

IGNING OFFICER OR DIRECTOR

Jun 08, 2007 8:00 am Secretary of State **DOCUMENT # P05000132991** 06-08-2007 90001 020 ***150 00 1. Entity Name CASTORANI, INC Principal Place of Business Mailing Address 40120162 737 JEFFERSON AVE 737 JEFFERSON AVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7724 HARDING AVE 7724 harding ave Suite, Apt. #, etc. Suite, Apt. #, etc. 06042007 CR2E034 (12/06) Cho-P City & State City & State Applied For 4. FEI Number MIAMI BEACH MIAMI BEACH 20-3535673 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired FL33141 FL33141 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALICIA GONZALEZ ALICIA BENITEZ CPA, LLC Street Address (P.O. Box Number is Not Acceptable) 11877 SW 38 TER 7724 HARDING AVE MIAMI, FL 33175 APT MIAMI BEACH 8. The above named entity submits this statement for the surpose 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. 06-04-2007 ALICIA GONZALEZ Signature, typed or printed name of registered agent a DATE. ent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition ALICIA, GONZALEZ M MRS. NAME NAME ALICIA GONZALEZ STREET ADDRESS 737 JEFFERSON AVE # 304 STREET ADDRESS 7724 Harding Ave. apt 1 CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE MIAMI BEACH, FL 33141 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change **Addition** VΡ NAME NAME STREET ADDRESS MATIAS CASTORANI STREET ADDRESS 7724 Harding Ave apt. 1 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MIAMI BEACH, FL 33141 NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida 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 repeiver 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.

ALICIA GONZAGEZ ALICIA GONZAGEZ

786-280 5442

Daytime Phone #

FILED

ATTACHMENT 40120162

CASTORANI, INC DOCUMENT # P05000132991

Miami June 3, 2007

Sr.

I apologize for the delay to report my payment for the Annual Report 2007 but I just move 4 months ago and also my husband pass away 7 months ago and I didn't know about to do this kind of payment.

I can't effort to pay the fee of \$400.00, please try to do an exemption in this matter.

I enclose the Annual Report for the Amount of \$150.00

Also I made changes just to update all information regarding my Compagny.

Thanks for your efford,

Alicia Gonzalez