


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000156657</b>		
1. Entity Name THE CASTLE'S GROUP INTERNATIONAL CORP.		
Principal Place of Business 5505 NW 112 PATH MIAMI, FL 33178	Mailing Address 5505 NW 112 PATH MIAMI, FL 33178	



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3845803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CASTILLO, JOHANNA 5505 NW 112 PATH MIAMI, FL 33178	
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, JOHANNA 5505 NW 112 PATH MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTILLO, ALEXANDER 5505 NW 112 PATH MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTILLO, JOSE V 5505 NW 112 PATH MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/20/08-80021-012 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **Johanna Castillo** 04/19/08 (305) 5940800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #