## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

Sipal Signature Sequence of registered agent.  COHEN, ROBERT F CPA 2918 BUSCH LAKE BLVD.  TAMPA, FL 33614  Sireet Address of registered agent.  City  FL  Zip Code  Ci	DOCUMENT # P06000063109  1. Entity Name CASTRO LAW GROUP, P.A.						04-21-2008 9	90078 02	3 ***150	).00
Suite, Apt. III. Spr. 3600 Suite, Apt. III. Books   Suite, Apt. III. Bo	101°E.KENNEDY BLVD 1110 ABBEYS WAY STE-310 TAMPA, FL 33602						89118 E1111 88111 F810 881	<b>*1</b>   1 <b>1 1</b>   11   1	04   811 071  <b>1</b> 0  01	1 <b>188</b> 1 21 1 <b>81</b> 1
Suite, Apt. #, 6tg. F. 36 0 0 Suite, Apt. #, etc.	100 11 TALO CT									
City & State  Country  Country  Street Address of Status Desired   \$8.75 Additional Fee Required Fee Requ	Suite, Apt. #, etc. Suite, Apt. #, etc.					02142008	Chg-P	CR2E03	34 (12/06)	
6. Name and Address of Current Registered Agent COHEN, ROBERT F CPA 2918 BUSCA LAKE BLVD. TAMPA, FL 33614  City FL Zip Code  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 accreme obligations of registered agent.  SIGNATURE Spatiar, Need or prinsid name of registered agent address. (I/OTE Required Agent spatiar encyated when rentating)  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIL D OFFICERS AND DIRECTORS IN 11  INIL D ORFICERS AND	City & State City & State					i				oplied For ot Applicable
6. Name and Address of Current Registered Agent COHEN, ROBERT F CPA 2918 BUSCA LAKE BLVD. TAMPA, FL 33614  City FL Zip Code  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 accreme obligations of registered agent.  SIGNATURE Spatiar, Need or prinsid name of registered agent address. (I/OTE Required Agent spatiar encyated when rentating)  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIL D OFFICERS AND DIRECTORS IN 11  INIL D ORFICERS AND	Zip 3 3 6 0 2 Country		Zip	Country		5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  TAMPA, FL 33614    City   FL   Zip Code	6. Name and Address of Current Registered Agent				• -					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, speed or periant name of registered agent and size if acokazive. (INOTE: Registered Agent signature required when reneating)  OATE  FILE NOWITI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE CASTRO, RAYMOND S SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS C	2918 BUSCH LAKE BLVD.									
B. 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 accide the obligations of registered agent.  SIGNATURE  Signature, speed or protect name of registered agent and side if applicable. (HOTE: Registered Agent signature required when rendstary)  DATE  FILE NOWILI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campsign Financing										
the obligations of registered agent.  SIGNATURE    Signature   Sig	,				City		10.17	FL	Zip Code	е
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  NAME CASTRO, RAYMOND S STREET ADDRESS ITHUS ADDRESS IT			or the purpose of changing its	registere	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. Lam fa	amiliar with,	and accept
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature require	ed when reinstating)		DATE	<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				-	· +-					
NAME STREET ADDRESS CITY-ST-ZIP TTILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT		T		_		ADDITIONS/	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	CASTRO, RAYMOND S 1110 ABBEYS WAY	☐ Delete	NAMI STRE	E ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAMI STRE	ET ADDRESS				Change	☐ Addition
NAME STREET ADDRESS CITY- ST-ZIP  TITLE Delete NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		— Delete	NAMI Stre	E ET ADDRESS			_	Change	Addition
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAMI STRE	E ET ADORESS				☐ Change	Addition
				TITLE					Change	☐ Addition
TITLE  NAME  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	NAME STREET ADDRESS		∟ Delete	NAMI STRE	ET ADDRESS					

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:**