

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004362

FILED
Feb 19, 2009
Secretary of State

Entity Name: CASTILLO INSURANCE SERVICES INC.

Current Principal Place of Business:

6041 JOHNSON STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6041 JOHNSON STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-8170077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DMS INSURANCE GROUP INC
6041 JOHNSON STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DMS INSURANCE GROUP, INC
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP/T () Delete
Name: DMS INSURANCE GROUP, INC
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: S () Delete
Name: DMS INSURANCE GROUP, INC
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K DISLA

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date