


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-27-2008 90001 019 ***150.00

DOCUMENT # P07000042723	
1. Entity Name CASTELLUM, INC.	

Principal Place of Business 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131
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66003733



2. Principal Place of Business - No P.O. Box # 1110 Brickell Ave.	3. Mailing Address Suite 515
Suite, Apt. #, etc. Suite 515	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131	Country USA

03102008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3238223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 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 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JORGE 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3/10/08 (305) 374-4422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/27/2008-90001-019-\$150.00-\$150.00

DOCUMENT # P07000042723 1. Entity Name CASTELLUM, INC.						<h2 style="font-size: 2em; margin: 0;">ATTACHMENT</h2>	
Principal Place of Business 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131				Mailing Address 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box # 1110 Brickell Avenue				3. Mailing Address Suite 515			
Suite, Apt. #, etc. Suite 515				Suite, Apt. #, etc. Suite 515			
City & State Miami, FL 33131				City & State Miami, FL 33131			
Zip 33131		Country USA		4. FEI Number 01312008		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE _____ NAME HERNANDEZ, JORGE <input type="checkbox"/> Delete STREET ADDRESS 848 BRICKELL AVENUE, SUITE 830 CITY-ST-ZIP MIAMI, FL 33131				TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
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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: <u><i>Renee Hernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>2/15/08 305 3744422</u> <small>Date Daytime Phone #</small>			