

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000080356

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** CASTELL INSURANCE CORPORATION

**Current Principal Place of Business:**

12505 ORANGE DR SUITE 903  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12505 ORANGE DR SUITE 903  
DAVIE, FL 33330

**New Mailing Address:**

**FEI Number:** 26-3272995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNANDEZ, ROSILYS A  
4450 SW 93RD AVE  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

HERNANDEZ, ROSILYS A  
12505 ORANGE DR 903  
DAVIE, FL 33330 US

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

04/19/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HERNANDEZ, ROSILYS A  
Address: 12505 ORANGE DR 903  
City-St-Zip: DAVIE,, FL 33330

I hereby 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 all other like empowered.

SIGNATURE: ROSILYS A HERNANDEZ

P

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date