2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P08469 1. Entity Name 02-16-2006 90034 024 ***150.00 CASTLETON HOLDINGS, INC. Principal Place of Business Mailing Address 12200 N. MAIN STREET 2100 BISCAYNE BLVD JACKSONVILLE, FL 32218 ATTN: LEGAL DEPT. MIAMI, FL 33137 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2571176 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE SUAREZ, OSCAR NAME NAME STREET ADDRESS 12200 N. MAIN ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP ☐ Delete Change ☐ Addition WILSON, III F J NAME NAME 2100 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL Delete TITLE TITLE ☐ Change ☐ Addition NAME CAUTHEN, CHARLES NAME STREET ADDRESS 2460 ELBOW ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL TITLE □ Change ☐ Addition ☐ Delete NAME RODRIGUEZ, JOSE G NAME STREET ADDRESS 200 ROAD #165 KM 2.6 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CATANO, PR 00962 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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 entiress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY+ST-7IP

NAME

Delete

☐ Addition

FILED