

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000007250

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** CASTLEGATE INVESTMENTS CORPORATION

**Current Principal Place of Business:**

6705 RED ROAD  
SUITE 503  
CORAL GABLES, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

6705 RED ROAD  
SUITE 503  
CORAL GABLES, FL 33143 US

**New Mailing Address:**

**FEI Number:** 27-1741616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIVA, SANDRA  
6705 RED ROAD  
SUITE 503  
CORAL GABLES, FL 33143 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

**OFFICERS AND DIRECTORS:**

**Title:** P,D  
**Name:** LEIVA, SANDRA  
**Address:** 6705 RED ROAD SUITE 503  
**City-St-Zip:** CORAL GABLES, FL 33143 US

**Title:** S, D  
**Name:** MACLEAN, JEFFREY  
**Address:** 6705 RED ROAD SUITE 503  
**City-St-Zip:** CORAL GABLES, FL 33143 US

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:** SANDRA LEIVA

P

02/22/2011

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

\_\_\_\_\_  
Date