

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000041602

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** FRENEL CASTOR TRANSPORTATION SERVICES INC

**Current Principal Place of Business:**

3175 SPLIT WILLOW DR  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 585121  
ORLANDO, FL 32858 US

**New Mailing Address:**

**FEI Number:** 37-1635490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTOR, FRENEL  
3175 SPLIT WILLOW DR  
ORLANDO, FL 32808 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  
Name: CASTOR, FRENEL  
Address: 3175 SPLIT WILLOW DR  
City-St-Zip: ORLANDO, FL 32808 US

Title: VP  
Name: CASTOR, GERALD  
Address: 3175 SPLIT WILLOW DR  
City-St-Zip: ORLANDO, FL 32808 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: FRENEL CASTOR

OWNE

04/25/2012

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

\_\_\_\_\_  
Date