

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90243 013 \*\*\*158.75

**DOCUMENT # P95000021094**

1. Entity Name  
CAST PROFESSIONAL SERVICES, INC.



Principal Place of Business  
940 N.E. 71ST STREET  
MIAMI, FL 33138-5722

Mailing Address  
940 N.E. 71ST STREET  
MIAMI, FL 33138-5722



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0572444</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CASTRO, DONNA S  
940 N.E. 71ST STREET  
MIAMI, FL 33138-5722

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	CASTRO, DONNA S
STREET ADDRESS	940 N.E. 71ST STREET
CITY-ST-ZIP	MIAMI, FL 331385722
TITLE	VD
NAME	CASTRO, LUIS A
STREET ADDRESS	940 N.E. 71ST STREET
CITY-ST-ZIP	MIAMI, FL 331385722
TITLE	D
NAME	CASTRO, ALTURO S
STREET ADDRESS	940 N.E. 71ST STREET
CITY-ST-ZIP	MIAMI, FL 331385722
TITLE	D
NAME	CASTRO, ANGEL F
STREET ADDRESS	1330 N.E. 105TH ST., #301
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Donna Castro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Castro p/s/f/d 4/28/04  
Date Daytime Phone #