

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90112 037 \*\*\*150.00

**DOCUMENT # P96000028188**

1. Entity Name  
**ALBA N. CASTILLO P.A.**



Principal Place of Business

Mailing Address

100 East Linton Blvd.  
Suite 105B  
Delray Beach, Florida 33485

SAME

**50054414**



03052003 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0664020**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, ALBA N**  
**9521 SUNRISE LAKES BLVD**  
**#101**  
**SUNRISE, FL 33322**

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

**FILE NOW!!! FEE IS \$850.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CASTILLO, ALBA N
STREET ADDRESS	9521 SUNRISE LAKES BLVD #101
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50054414

ALBA N. CASTILLO, P.A.  
100 East Linton Blvd.  
Suite 105B  
Delray Beach, Florida 33483

June 26, 2005

Florida Department of State  
Secretary of State  
Division of Corporations

RE: ANNUAL REPORT  
DOCUMENT NO:

P 96000028188

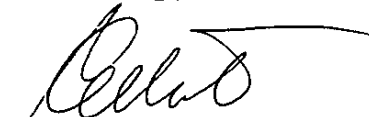
Dear Gentlemen:

This is to inform you that I did not receive a notice as to the filing of the annual report. I made a xerox copy of the last year's report and made the necessary changes.

Please find my annual report and I am enclosing the filling fee of \$150.00 which is the fee that should have been paid if the notice had been received.

Thank you for any consideration that you can give me.

Sincerely,



ALBA N. CASTILLO

Please accept it and I'll make rate  
in my 2006 @ change for next year