

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90091 010 ***150.00

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1. Entity Name
CASTCO HOLDING CORP.

Principal Place of Business
**901 PONCE DE LEON BLVD STE 501
CORAL GABLES FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD STE 501
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0763387**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRIONDO, ANDRES J
901 PONCE DE LEON BLVD STE 501
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CASTILLO, FRANCISCO SR	
STREET ADDRESS	7A AVENIDA 5-10 ZONA 4	
CITY-ST-ZIP	GUATEMALA GUATEMLA	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CASTILLO, FRANCISCO JR	
STREET ADDRESS	7A AVENIDA 5-10 ZONA 4	
CITY-ST-ZIP	GUATEMALA GUATEMLA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CASTILLO, JUAN C	
STREET ADDRESS	3A AVENIDA 28-40 ZONA 2	
CITY-ST-ZIP	GUATEMALA GUATEMLA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CASTILLO, ANA M	
STREET ADDRESS	3A AVENIDA 28-40 ZONA 2	
CITY-ST-ZIP	GUATEMALA GUATEMLA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTILLO, ANA B	
STREET ADDRESS	3A AVENIDA ZONA2	
CITY-ST-ZIP	GUATEMALA GU	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTILLO, RUBY M	
STREET ADDRESS	3A AVENIDA 28-03 ZONA 2	
CITY-ST-ZIP	GUATEMALA GU	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Francisco Castillo Sr.</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Francisco Castillo Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)