2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jan 16, 2008 08:00 Al Secretary of State

DOCUMENT # P9800000 1. Entity Name CASTILLO DE LEE, INC.			Secretary of S
Principal Place of Business 479 SW 8TH STREET MIAMI, FL 33130	Mailing Address 479 SW 8TH STREET MIAMI, FL 33130		
6. Name and Address of Currer LEE, YIU SUN 540 SW 25TH RD MIAMI, FL 33129		ACE	01092008 No Chg-P CR2E034 (11/05) 4. FEI Number
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550	nt and title if applicable (NOTE-Regaling) 9. Election Campaign Fin	ered Agent signature required nancing \$5	ered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Flor
10. OFFICERS AND TITLE PD LEE, YIU SUN STREET ADDRESS DITY-ST-ZIP MIAMI, FL 33129 TITLE STD LEE, YU ZHEN WU DE	·		U00000785613 01/17/08-80007-019 150.00
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NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplier mythere and the conception of the conception.	h this liling does not quality for the e s true and accurate and that my sign	xemptions contained ature shall have the s	od in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 17. Florida Statutes; and that my name appears in Block 10 or Block 11 if

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR