2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am s Secretary of State

ANNUAL REPORT							Sacratary of State				
DOCUMENT # P9900051182 1. Entity Name							Secretary of State 04-30-2007 90458 007 ***150.00				
CASTLE BEACH CLUB REALTY, INC.											
Principal Plac	e of Busines	s	Mailing Address		!	_					
5445 COLLINS AVE.			5445 COLLINS AVE.								
SUITE CV10 Miami, Fl. 33140		SUITE CV10 MIAML FL 33140									
MEANN, IL J	31 4 0		MIANI, FL 33140				1018 TAM EQUA #310 SQ		OTO FOR H		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007	Chg-P	CR2E	034 (12/06)				
City & State		City & State						nt Applicable			
Zip	·	Country	Zip	Count	try		of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered	Agent		
GONZALEZ, LEOPOLDO						ss (P.O. Box Numbe	er is Not Accentable				
5445 COLLINS AVE STE CO-10 MIAMI BEACH, FL 33140			Suedi Address		30 fr . 3. 35	To roce Societies.					
MIMMI BEA	AUH, FL 3	3314U ;	-		City			EI	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered of						stered agent, or bot	h, in the State of Flo	Florida. Lam	-		
the obligat	ions of regist	ered agent.	, ,	-		· U					
SIGNATURE_											
SIGNATURE_		or printed name of registered agent a	ınd title # epplicable, (NOT	E: Registerec	d Agent signature requ	uired when reinstating)	····	DATE			
FIL	E NOW!!! By 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Finan	ncing	55.00 May Be Added to Fees		DATE			
FIL After Ma	E NOWIN	FEE IS \$150.00	9. Election Campai Trust Fund Cont	ign Finan tribution.	ocing \$	\$5.00 May Be Added to Fees	CHANGES TO OFF	• • • • • • •			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

IGNATURE AND THESE OR PROJECT NAME OF BIGHORG OFFICER OR DIRECTOR

426/07 (305)968-1053