2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000068155

1. Entity Name
ADRIAN R. CASTRO ATTORNEY AT LAW A
PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
505 E. JACKSON ST., SUITE 210 TAMPA, FL 33602	505 E. JACKSON ST., SUITE 210 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3677114	Not Applicable

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

6. Name and Address of Current Registered Agent

CASTRO, ADRIAN R
505 E. JACKSON ST., SUITE 210
TAMPA, FL 33602

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 _____   DATE

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTRO, ADRIAN R
STREET ADDRESS	505 E. JACKSON ST., SUITE 210
CITY-ST-ZIP	TAMPA, FL 33602

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000808787
02/07/08-80063-001 150.00

DO NOT WRITE
IN THIS SPACE

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: _ADRIAN R. CASTRO_   1-28-08   813-229-9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #