

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000076936		
1. Entity Name ANDERSON CASTRO, P.A.		
Principal Place of Business 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129	Mailing Address 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129	 01062005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0964294 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent CASTRO, ANDERSON 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b> UN00000198802 01/27/05-80065-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, ANDERSON 1925 BRICKELL AVENUE MIAMI, FL 33129	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-6-05 Daytime Phone: 305 6363