FOR PROFIT CORPORATION

2002 8.00 at

UNIFORM BUSINESS REPORT (UBR)					May 02, 2002 8:00 an		
DOCUMENT#					Secretary of State		
1. Entity Name CASTLE WOOD Realty Group, Inc.					05-02-20	02 90058 012 ***150.00	
P99000 103 448							
DO NOT WRITE IN THIS SPACE							
Flori		3. Mailing Address 6250 W. Ookland PK. Glud. Suite, Apt. #, etc.		3lud.	7		
#8					DO NOT WRITE IN THIS SPACE		
City & State		Sunrise, Florida		4	4. FEI Number Applied For Not Applicable		
Zip Country		Zip Country 33313		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required		
			Name	7. 1	Name and Address of Curre	nt Registered Agent	
DO NOT WRITE					IKE A. KEGNIER		
				eet Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			711	N. P.	ne Island,	Rd. (#212)	
			City Pla	anta	tion	FL Zip Code 33324	
8. The above	e named entity submits this statement for	the purpose of changing its re			igent, or both, in the State of	Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signatu	ira required when	reinstating)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. riaion back)	y 1 Fee is \$150 , Fee is \$550.00 UBR is \$61.25 e to Department	\$550.00 10. Election Campaign Financing _ \$5.00 May Be				
11.	OFFICERS AND			* .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANDRE A. REGNIEI 711 N. Pine Islam Plantation FL. 33	d Rd. (#212)	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		DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE Name Street address City-St-Zip			THTLE NAME STREET ADDRESS CITY-ST-ZIP			*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
13 Lhoroby o	ortify that the information or nellest with	his filing dans not availfu for th		ad in Contin	440 07(0)(i) Flacida Contrata		

I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: >