

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # S08819

1. Entity Name
CHAPLAN AND CASTRO INSURANCE AGENCY, INC.



Principal Place of Business

2293 SW FIRST ST
MIAMI, FL 33135 US

Mailing Address

2293 SW FIRST ST
MIAMI, FL 33135 US

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0225139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, MANUEL F
3170 SW 4TH ST
MIAMI, FL 33135

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTRO, DOLORES
STREET ADDRESS 1717 N BAYSHORE DR, # 1638
CITY-ST-ZIP MIAMI, FL 33132

TITLE STD
NAME CASTRO, DOLORES
STREET ADDRESS 9961 SW 66TH ST
CITY-ST-ZIP MIAMI, FL 33173

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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04/24/07-80045-014 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07

Date

(305) 541-4009

Daytime Phone #