

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08819

FILED
Mar 26, 2009
Secretary of State

Entity Name: CHAPLAN AND CASTRO INSURANCE AGENCY, INC.

Current Principal Place of Business:

2293 SW FIRST ST
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

2293 SW FIRST ST
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 65-0225139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRO, DOLORES
Address: 1717 N BAYSHORE DR, # 1638
City-St-Zip: MIAMI, FL 33132

Title: STD () Delete
Name: CASTRO, DOLORES
Address: 9961 SW 66TH ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES CASTRO

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date