2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$52483

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 18, 2008 08:00 AM Secretary of State

| Enrity Name CARLOS ALBERTO CASTRO, P.A. | | |
|---|---|--|
| Principal Place of Business | Mailing Address | |
| 1200 BRICKELL AVE SUITE 1440 MIAMI FL 33131 | 1200 BRICKELL AVE SUITE 1440 MIAMI FL 33131 | |
| 2. Principal Place of Business - No P.C. Box # | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | Crty & State | |

| 1200 BRICK SUITE 1440 MIAMI FL 3 | 1 | 1200 BRICKELL AVE SUITE 1440 MIAMI FL 33131 | | | | | | | |
|--|---|---|----------------------|--|---------------------------|---|-------------------|--------------------------------|--|
| 2. Principal F | Place of Business - No P.C. Box # | 3. Mailing Address | A | | | | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/07) | | | | |
| City & State | | City & State | | 4. F | 4. FEi Number 65-0302497 | | | Applied For Not Applicable | |
| Zip | Country | Zıp | Country | 5. C | Certificate | of Status Desired | \$8.75 Fee Req | Additional | |
| | 6. Name and Address of Curren | t Registered Agent | | 7. N | vame and | Address of New Registered | Agent | | |
| | | | Na | rie | | | | | |
| CASTRO, CARLOS A. 1200 BRICKELL AVE | | | Str | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | E 1440 Mi FL 33131 | | | | | | | | |
| | | | Cit | 1 | | FL | Zip (| Code | |
| | e named entity submits this statement f lions of registered agent. | | s registered offi | ce or registered age | ent, or bo | orn, in the State of Florida. I am | familiar v | vith and accept | |
| SIGNATURE | Signature, typed or primed leane of logistizing agen | transfille flamplication (NO) | TI, Registriod Agent | edu dan tedesad water ta | decitive By | DATE | | | |
| After A | ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0 k Payable to Florida Department of | 0,1.17,1 | | | | Election Campaign Financ Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADI | DITIONS | /CHANGES TO OFFICERS AN |) DIRECT | ORS IN 11 | |
| TITLE | P | ☐ Delete | TITLE | | | U00000906200 | []] Chan | nge 🔲 Addition | |
| NAME | CASTRO, CARLOS ALBERTO | | NAME | | | 000000306200 -05/02/08+80012 | 004 41 | ro oo | |
| STREET ADDRESS | 1200 BRICKELL AVE #1440 | | STREET ADDI | ESS | | 02/02/08/880012- | UZ4 I: | 50.UU | |
| CITY - ST- ZIP | MIAMI FL 33131 | | CITY-ST-ZID | | | | | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

THE

NAME

STREET ADDRESS

CITY - ST- ZIP

Derete



4-16-2008

Dayline Phone #

Change

🔲 Addition