2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Melissa Cherie Castro

PID 304006

AGENCY INFORMATION

Organization	Suborganization	Title
Coral Gables	City Commission	

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
M.E.D. Expediters	55 Merrick Way #214 Coral Gables, FL 33134	Permitting Business - Owner
City of Coral Gables	405 Biltmore Way, Coral Gables, FL 33134	City of Coral Gables Commissioner

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
RETIREMENT ACCOUNT	CITY OF CORAL GABLES, 405 BILTMORE WAY - CORAL GABLES, FL 33134
AUTOMOBILE - LEASE	2023 MASERATI GRECALE - ASTRO BIANCO - JPMORGAN CHASE BANK
AUTOMOBILE	2018 MASERATI GUIBLI - BLACK
AUTOMOBILE	2019 KIA SOUL - WHITE
CRYPTOCURRENCY	BITCOIN
AUTOMOBILE	2010 CADILLAC SRX - GRAY
STOCKS	NETFLIX, CONSTELLATION ENERGY, NVIDIA, META, TESLA, AMAZON, APPLE, PAGSEGURO DIGITAL, IBM, NOVAVAX, WALMART, AMC, VISTRA
CHECKING ACCOUNT PERSONAL	WELLSFARGO
CHECKING ACCOUNT BUSINESS	WELLSFARGO

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
DEPT OF EDUCATION	PO BOX 82561 LINCOLN, NE 68501
LENDINGCLUB BANK	595 MARKET ST SUITE 200, SAN FRANSISCO, CA 94105

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Melissa Cherie Castro

Digitally signed: **06/30/2025**

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