2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #280886

1. Entity Name

CARLTON TERRACE CORPORATION



Secretary of State 01-23-2008 90011 032 ***150.00

FILED Jan 23, 2008 8:00 am

Principal Place of Business

2081 N E 56TH ST FORT LAUDERDALE, FL 33308 Mailing Address

2081 N'E 56TH ST

FORT LAUDERDALE, FL 33308



01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1083576

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAUG, LEO 2081 N.E. 56TH ST. 203

FT LAUDERDALE, FL 33308

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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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME	P ZAUG, LEO	
STREET ADDRESS	2081 NE 56 ST #101	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
THLE	S	
NAME	BASIEL, BRENDA	
STREET ADDRESS	2065 NE 56TH ST APT 104	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33303	
TITLE	D	
NAME	EVANGELISTA, TONY	
STREET ADDRESS	2065 NE 56 ST #208	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	V	
NAME	JONES, BARRY	
STREET ADDRESS	2111 NORTHEAST 56TH STREET #109	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	
NAME	BANNOURA, JAMIL	
STREET ADDRESS	2065 NE 56 ST #207	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	Ď.	
NAME	DEE, ANN	
STREET ADDRESS	2081 NE 56 ST. #107	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
12. I hereby certify that the information supplied with this filling does not qualify for the exe		

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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:

LEO ZAUG, PRESIDENT

01.18.08

954.776.1260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #