


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M17022**  
 1. Entity Name  
**FLORIDA CARRIER, INC.**



Principal Place of Business C/O ALEJANDRO A. ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178	Mailing Address C/O ALEJANDRO A. ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2553790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ACOSTA, ALEJANDRO A.  
 12060 N.W. SOUTH RIVER DRIVE  
 MEDLEY, FL 33178

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	DP ACOSTA, ALEJANDRO A. 12060 NW SOUTH RIVER DR MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELORTEGUI, MARTA 12060 NW SO. RIVER RD MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000364497  
 05/06/05-80045-011 400.00

U00000364497  
 05/06/05-80045-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **ALEJANDRO ACOSTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/28/05** (305) 888-1717  
Date Daytime Phone #