


FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90032 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M86020
 1. Entity Name
CARLTON CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 4280 GALT OCEAN DR 4280 GALT OCEAN DR
 28/C 28/C
 FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308 US

50034730



2. Principal Place of Business 3. Mailing Address
 20201 E. COUNTRY CLUB DR. 20201 E. COUNTRY CLUB DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1904 APT # 1904

04032005 Chg-P CR2E034 (10/03)

City & State City & State
 AVENTURA FL AVENTURA, FLORIDA

Zip Country Zip Country
 33180 USA 33180 USA

4. FEI Number Applied For
 65-0061211 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARAD, DAVID ZVI
 4280 GALT OCEAN DR.
 APT 28/C
 FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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	P	<input type="checkbox"/> Delete
NAME	ARAD, DAVID ZVI	
STREET ADDRESS	4280 GALT OCEAN DR., APT 28C	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHINA, ARAD	
STREET ADDRESS	4280 GALT OCEAN DR., APT. 28C	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **DAVID Z. ARAD** *David Z. Arad* 4-1-05 954-695-4763
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #