


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000055168

1. Entity Name
CARSA, INC.



Principal Place of Business Mailing Address

1000 ISLAND BLVD., UNIT 1010 **1000 ISLAND BLVD**
AVENTURA, FL 33160 **1010**
NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number **26-0090619** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARRILLO, FRIDA
100 ISLAND BLVD
APT. 1010
AVENTURA, FL 33160

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, 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	D
NAME	ESQUENAZI, HASKIYA C
STREET ADDRESS	1000 ISLAND BLVD., UNIT 1010
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D
NAME	CASSAB DE CARRILLO, FRIDA
STREET ADDRESS	1000 ISLAND BLVD., UNIT 1010
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D
NAME	CARRILLO CASSAB, LAZARO
STREET ADDRESS	1000 ISLAND BLVD., UNIT 1010
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000871820
 04/10/08-80013-007.150.00

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:  DATE: **3/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR