2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91051 024 ***150.00

DOCUMENT # P03000005789

1. Entity Name
CARRIAGE LIGHT TEA ROOM, INC.

Principal Place of Business
5224 NORTHWEST 66TH AVENUE
LAUDERHILL, FL 33319-7230

Mailing Address
1401 EAST BROWARD BLVD., #300
FORT LAUDERDALE, FL 33301-2116

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 6682 Parkside Dr.
Suite, Apt. #, etc.
City & State: Parkland, FL
Zip: 33067 Country: USA

3. Mailing Address: 5224 NW 66 Ave
Suite, Apt. #, etc.
City & State: Lauderhill, FL
Zip: 33319 Country:

4. FEI Number: 22-3893579 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, PERRY W JR ESQ
1401 EAST BROWARD BLVD., #300
FORT LAUDERDALE, FL 33301-2116

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 ______
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Sylvia Amejko STREET ADDRESS 5224 NW 66 Ave CITY-ST-ZIP Lauderhill, FL 33319	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Secretary/Treasurer NAME Don Amejko STREET ADDRESS 5224 NW 66 Ave. CITY-ST-ZIP Lauderhill, FL 33319	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Don Amejko Don Amejko 4/29/04 954-757-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #