


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A.**  
**Secretary of State**

DOCUMENT # P05000031024 1. Entity Name CARANDO, INC.	
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Principal Place of Business 3311 SW 24 ST MIAMI, FL 33145	Mailing Address 3311 SW 24 ST MIAMI, FL 33145
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0141931	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

MIGUEL, NANCY  
 3311 SW 24 ST  
 MIAMI, FL 33145

**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: *Michael Carl M* DATE: 4/24/07

Signature of person designated as registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	D MICHAEL, CARL M 3311 SW 24 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, MARIA M 3311 SW 24 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTOLONGO ROBERTO 3311 SW 24 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL, NANCY 3311 SW 24 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000737480  
 05/11/07-80029-019 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Michael Carl M* MICHAEL CARL M 4/15/07 (705) 324-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #