

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080074

Entity Name: CAREL ENTERPRISES, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

1542 NW 139TH AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1542 NW 139TH AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDEL, LUIS H
3179 NE 210TH STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARRILLO, HELIODORO
Address: 1542 NW 139TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: EDEL, LUIS H
Address: 3179 NE 210TH AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: EDEL, ALEXANDER
Address: 3179 NE 210TH AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: DS () Delete
Name: EDEL, ALEXANDER
Address: 3179 NE 210TH STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELIODORO CARRILLO

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date