## 2009 EOD DOOEIT CODDODATION

## **FILED** Apr 23. 2008 08:00 AN tate

ANNUAL REPORT					Secretary of S		
DOCUMENT # P06000027427  1. Entity Name CAROLYNE CORPORATION							
8717 NW 117TH STREET 8717 NW 111 BAY 2 BAY 2		Maiking Address 8717 NW 117TH STREET BAY 2 HIALEAH GARDENS, FL 33018	3 US				
D	O NOT WRITE	CE	01292008 No Chg-P CR2E034 (11/05)  4. FEI Number				
	6. Name and Address of Current Re E, CLAUDIA R 45TH AVENUE 33054			NOT WRITHIS SPAC			
	named entity submits this statement for the constant of the co		ed office or regist			am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BRUZZESE, CLAUDIA R 16342 NW 45TH AVENUE MIAMI, FL 33054	RECTORS	-		05/12/08-80	5943 008–016 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TIPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR