


**2005 FOR PROPT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000016709
1. Entity Name
CARFEEL PROPS, INC.



Principal Place of Business Mailing Address
5220 N.W. 72ND AVE., UNIT 25 5220 N.W. 72ND AVE., UNIT 25
MIAMI, FL 33166 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0580273 Not Applicable

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

6. Name and Address of Current Registered Agent

KOLSKI, JR STEPHEN J
CATLIN, SAXON, TUTTLE AND EVANS, PA
2600 DOUGLAS ROAD, SUITE 1109
MIAMI, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE FLORIDO, MARIA C
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	UPD
NAME	DE PIOVESAN, MARIA T
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	S
NAME	DE HIDALGO, ROSANA V
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	T
NAME	BRUBAKER, JACQUELINE
STREET ADDRESS	5220 NW 72ND AVENUE, UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	VILASECA, JUAN G
STREET ADDRESS	5220 NW 72ND AVÉ, UNIT 25
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80072-023 150.00

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: *Jacqueline Brubaker* 3/1/05 305-543-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #