


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended

FILED

06 APR 25 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016709			
1. Entity Name CARFEEL PROPS, INC.			
Principal Place of Business 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166		Mailing Address 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0580273		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. 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		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME DE FLORIDO, MARIA C STREET ADDRESS 5220 N.W. 72ND AVE., UNIT 25 CITY-STATE-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE PIOVESAN, MARIA T STREET ADDRESS 5220 N.W. 72ND AVE., UNIT 25 CITY-STATE-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE HIDALGO, ROSANA V STREET ADDRESS 5220 N.W. 72ND AVE., UNIT 25 CITY-STATE-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAVINOVICH, JUAN C STREET ADDRESS 5220 NW 72ND AVENUE, UNIT 25 CITY-STATE-ZIP MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILASECA, JUAN G STREET ADDRESS 5220 NW 72ND AVE, UNIT 25 CITY-STATE-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Juan G. Vilaseca</i>		Date: 4/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (305) 593-0669	

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05/04/06--01019--011 **\$61.25