


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**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**



02122008    No Chg-P    CR2E034 (11/05)

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

00000835478  
 04/18/08-80015-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE FLORIDO, MARIA C 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE PIOVESAN, MARIA T 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE HIDALGO, ROSANA V 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, JENNY E 5220 NW 72ND AVENUE, UNIT 25 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILASECA, JUAN G 5220 NW 72ND AVE, UNIT 25 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jenny Elizabeth Suarez      JENNY E. SUAREZ      04-04-08      (305) 593-0669  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #