## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # P97000011091  1. Entity Name CARPEL INTERNATIONAL, INC.						04-01-2004 90036 024 ***150.00				
Principal Plac	e of Business	Ма	iling Address		<u> </u>					
900 W 49 ST			900 W 49 ST							
512			512							
			HIALEAH, FL 33012							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			03142004	Chg-P	CR2E03	4 (10/03)	
City & State		C	City & State			4. FEI Number 65-07708	377		h+	plied For t Applicable
Zip Country		Z	lip	Country		5. Certificate of	Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New R	egistered A	gent		
					Name					
PELAEZ, MANUEL 367 SW 163RD AVE. PEMBROKE PINE, FL 33027			Street Address (P.O. Box Number is Not Acceptable)							
FLIVIBITOR	(L F 1142, 1 L 3302)									
					City			FL	Zip Code	е
	named entity submits this stateme tions of registered agent.	ent for the p	urpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. 1 am fa	amiliar with,	and accept
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.										
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	50.00			·	.00 May Be led to Fees				
FIL After Ma	ay 1, 2004 Fee will be \$5	50.00	Trust Fund Conti		·	led to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	5 IN 11
After Ma	ay 1, 2004 Fee will be \$5 OFFICERS	50.00	Trust Fund Conti	11.	Add	led to Fees	HANGES TO OFF		DIRECTORS	S IN 11
After Ma	OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	50.00	Trust Fund Conti	11.	Add	led to Fees	HANGES TO OFF			
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indicated on this report or supplied with this injury coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental upport is true-find 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: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRIEGTOR.

03-15-04

(30r) 362-7272