

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90297 004 \*\*\*150.00

**66417404**



<b>DOCUMENT # P01000092337</b> 1. Entity Name <b>CARSON OVERSEAS TRADING, INC.</b>					
Principal Place of Business <b>9401 N.W. 106TH ST STE. 108 MIAMI, FL 33178</b>			Mailing Address <b>9401 N.W. 106TH ST STE. 108 MIAMI, FL 33178</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1147877</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RICARDO RAUL 1040 W 49TH ST STE #220-1 HIALEAH, FL 33042</b>			<b>PETER JONAS, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8370 W. Flagler Street, Suite 125</b>		
			City <b>Miami</b> State <b>FL</b> Zip Code <b>33144</b>		
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 _____ <i>Peter Jonas</i> _____ DATE <b>4/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD CAPORICCI, FRANCESCO 9401 N.W. 106TH ST #108 MIAMI, FL 33178</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VSD CAPORICCI, PAOLO PIETRO 9401 N.W. 106TH ST #108 MIAMI, FL 33178</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>TD CAPORICCI, GIANCARLO C 9401 N.W. 106TH ST #108 MIAMI, FL 33178</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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
TITLE 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
TITLE 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 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: <i>[Signature]</i> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>04/02/04</b> Daytime Phone # <b>8305848990</b>	