

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34840

FILED
Aug 25, 2005
Secretary of State

Entity Name: CARMENATE AND ASSOCIATES INC.

Current Principal Place of Business:

6447 MIAMI LAKES DR E
SUITE 201
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6447 MIAMI LAKES DR E
SUITE 201
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0159989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMENATE, PEDRO
402 NW 32ND CT
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARMENATE, CECILIA,
Address: 402 NW 32ND CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CARMENATE, PEDRO,
Address: 402 NW 32ND CT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO CARMENATE

D

08/25/2005

Electronic Signature of Signing Officer or Director

_____ Date