

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000004270 1. Entity Name CARRAZANA FAMILY CORPORATION					
Principal Place of Business 520 HARBOR DR. KEY BISCAYNE FL 33149-1707			Mailing Address 520 HARBOR DR. KEY BISCAYNE FL 33149-1707		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0582806	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SLOTO, JAMES R ESQ 3000 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131				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 _____ (NOTE: Registered Agent signature required when reappointing) Signature typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAZANA, ENRIQUE ANGEL 520 HARBOR DR. KEY BISCAYNE FL 33149-1707	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAZANA, MARIA DIAZ DE 520 HARBOR DR. KEY BISCAYNE FL 33149-1707	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAZANA, MARIA DIAZ DE 520 HARBOR DR. KEY BISCAYNE FL 33149-1707	☐ Delete		☐ Change ☐ Add	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a power of attorney.					
SIGNATURE: ENRIQUE A. CARRAZANA			FEBRUARY 03, 2006. - (305) 361-2645		

