

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34840

FILED  
Apr 19, 2008  
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

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 exemption stated 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 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

04/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date