

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001123

**Entity Name:** CARBONELL AWARDS, INC.

**FILED**  
**Feb 03, 2017**  
**Secretary of State**  
**CC9592105288**

**Current Principal Place of Business:**

7401 WILES ROAD  
SUITE 202  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

7401 WILES ROAD  
SUITE 202  
CORAL SPRINGS, FL 33067 US

**FEI Number: 65-0902470**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALTERS, DONALD R  
7401 WILES ROAD  
SUITE 202  
CORAL SPRINGS, FL 33067 US

*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

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name HORNE-LESHINSKY, JODY  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title PRESIDENT, TREASURER, DIRECTOR  
Name WALTERS, DONALD R.  
Address 7401 WILES ROAD  
SUITE 202  
City-State-Zip: CORAL SPRINGS FL 33067

Title DIRECTOR  
Name COHEN, JEROME  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title DIRECTOR  
Name FLISS, ERIC  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title DIRECTOR  
Name GONZALEZ, RICARDO J III  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title DIRECTOR  
Name GOODHEART, JAN  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title DIRECTOR  
Name BIRDSEY, LINDA B.  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title SECRETARY, DIRECTOR  
Name MATSUURA BENKO, JOANNE  
Address POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

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*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD R. WALTERS**

**PRESIDENT**

**02/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DEAL, BAMA LUTES  
Address        POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302

Title           DIRECTOR  
Name           SIUT, JAVIER  
Address        POST OFFICE BOX 14211  
City-State-Zip: FORT LAUDERDALE FL 33302