2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 271451

1. Entity Name
CARA CORPORATION

Principal Place of Business	Mailing Address
7009 N ARMENIA AVE TAMPA, FL 33604	7009 N ARMENIA AVE TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1032780	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARANANTE, VINCENT C.
7009 N ARMENIA
TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

1100000085322
03/11/04-80042-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	CARANANTE, PRISCILLA
STREET ADDRESS	906 HARBOUR BAY DRIVE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	P
NAME	CARANANTE, VINCENT
STREET ADDRESS	7009 N ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Director   3-1-04   8139335331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

VINCENT CARANANTE