


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90080 030 ***150.00

DOCUMENT # 280886					
1. Entity Name CARLTON TERRACE CORPORATION					
Principal Place of Business 2081 N E 56TH ST FORT LAUDERDALE FL 33308			Mailing Address 2081 N E 56TH ST FORT LAUDERDALE FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1083576	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAUG, LEO 2081 N.E. 56TH ST. 203 FT LAUDERDALE FL 33308			Name LEO ZAUG		
			Street Address (P.O. Box Number is Not Acceptable) 2081 N.E. 56TH ST.		
			City 203		
			City FT. LAUDERDALE, FL		Zip Code 33308
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LAUG, LEO 2081 NE 56 ST #203 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TONY EUANGOLISTA 2065 NE 56 ST #208 FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BASILT, BRENDA 2065 NE 56TH ST APT 104 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Brenda Basili 2065 NE 56 ST #104 FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFORES, ROBT 2081 NE 56TH ST #203 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT LAFOREST 2081 NE 56 ST #106 FT. LAUDERDALE FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMBARDO, JOHN 2141 NE 56TH ST #101 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN LOMBARDO 2141 NE 56 ST #107 FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNOURA, VANILL 2065 NE 56 ST #207 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMIL BANNOURA 2065 NE 56 ST #207 FT. LAUDERDALE FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREST, RUBIA 2081 MESETH ST APT 106 FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANN DEE 2081 NE 56 ST #107 FT. LAUDERDALE FL 33308	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>LEO ZAUG</u>			Date: <u>1-24-04</u> Daytime Phone #: <u>9547761260</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					