


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 390154 1. Entity Name CAROL ENTERPRISES, CORP	
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Principal Place of Business C/O FRANK MORGENSTERN 17616 LAKE ESTATES DR BOCA RATON, FL 33496 US	Mailing Address C/O FRANK N. MORGENSTERN 17616 LAKE ESTATES DR BOCA RATON, FL 33496 US
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2290267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORGENSTERN, FRANK N 17616 LAKE ESTATES DR BOCA RATON, FL 33496	DO NOT WRITE IN THIS SPACE
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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGENSTERN, FRANK N. 17616 LAKE ESTATES DR BOCA RATON, FL 334961414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGENSTERN, DEBORAH K. 17616 LAKE ESTATES DR. MIAMI, FL 334961414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORGENSTERN, RICHARD P 471 PARKWOOD DR LOS ANGELES, CA 90077
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 exemptions contained 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 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:  **FRANK N. MORGENSTERN** 1/17/07 (S) 400-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #