

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90171 014 ***150.00

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DOCUMENT # 390154			
1. Entity Name CAROL ENTERPRISES, CORP			
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	
2. Principal Place of Business - No P.O. Box # 550 S.E. 5TH AVENUE Suite, Apt. #, etc. 103 S City & State BOCA RATON, FL Zip 33432 Country USA		3. Mailing Address 550 S.E. 5TH AVENUE Suite, Apt. #, etc. 103 S City & State BOCA RATON, FL Zip 33432 Country USA	
4082008 Chg-P CR2E034 (12/06)		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		7. Name and Address of New Registered Agent Name RICHARD P MORGENSTERN Street Address (P.O. Box Number is Not Acceptable) 550 S.E. 5TH AVENUE APARTMENT 103 S City BOCA RATON FL Zip Code 33432	
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:  RICHARD P MORGENSTERN DVP 4/8/08 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, 2008 Fee will be \$550.00		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	DP MORGENSTERN, FRANK N. 17616 LAKE ESTATES DR BOCA RATON, FL 334961414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGENSTERN, DEBORAH K. 17616 LAKE ESTATES DR. MIAMI, FL 334961414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORGENSTERN, RICHARD P 471 PARKWOOD DR LOS ANGELES, CA 90077 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORGENSTERN, RICHARD P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 S.E. 5TH AVENUE, APT 103 S BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  RICHARD P MORGENSTERN 4/8/08 581/		Date Daytime Phone # 916-0727	