


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90025 006 ***150.00

DOCUMENT # 643345 1. Entity Name CAROLINA PROPERTIES CORP.	
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Principal Place of Business 10691 N. KENDALL DR SUITE 108 MIAMI FL 33176	Mailing Address 10691 N. KENDALL DR- SUITE 108 MIAMI FL 33176
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1945221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STECHMANN, ROBERT A
 10691 N. KENDALL DR
 SUITE #108
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	STECHMANN, ROBERT A
STREET ADDRESS	10691 N KENDALL DR STE 108
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	STECHMANN, ANN S
STREET ADDRESS	10691 N KENDALL DR STE 108
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----
TITLE	<input type="checkbox"/> Delete
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----
TITLE	<input type="checkbox"/> Delete
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-----
STREET ADDRESS	-----
CITY-ST-ZIP	-----

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: Robert Stechmann 3/25/04 305 598 6253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #