## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 8:00 am Secretary of State **DOCUMENT #697184** 1. Entity Name 04-21-2008 90107 010 \*\*\*150.00 CARTIER REALTY, INC. Principal Place of Business Mailing Address **4201 WESTGATE AVENUE 4201 WESTGATE AVENUE** UNIT B-1 UNIT B-1 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Addres Avenue 4201 Westgate 4201 Westgate Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-P CR2E034 (12/06) Suite A-17 City & State West Palm Beach Applied For 4. FEI Number 59-2103630 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33409 uŚ Fee Required 7. Name and Address of New Registered Agent 6.\_Name and Address of Current Registered Agent Pete Caltier CARTIER, PETE Street Address (P.O. Box Number is Not Acceptable) 4500 BELVEDERE ROAD 4201 Westgate Avenue WEST PALM BEACH, FL 33406 Suite A-17 West Palm Zip Code 33 40 9 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE NAME CARTIER, PETE NAME 4201 Westgate Avenue, Suite A-17 West Palm Bench, Fr 33409 STREE1 ADDRESS STREET ADDRESS 4500 BELVEDERE RD CITY-ST-ZIP WEST PALM BCH, FL 00000, CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete THTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . TITLE Detete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eddress with all either like empowered. SIGNATURE: \_-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**FILED**