

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F00626

1. Entity Name
CARMEL TEXTILES, INC.



Principal Place of Business
18557 SW 104 AVE., UNIT 2F
MIAMI, FL 33157

Mailing Address
18557 SW 104 AVE., UNIT 2F
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2023107	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, ALAN
6363 SW 132ND ST.
MIAMI, FL 33156

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS STARK, ALAN 6363 SW 132BD STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, STEVE 6753 SW 138 ST MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/05-80058-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X  **1/6/05** **286-573-5050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #