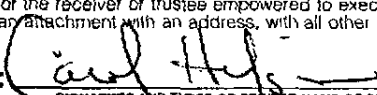


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F86580 1. Entity Name CARCO, INC.					
Principal Place of Business P.O. BOX 30306 FT LAUDERDALE FL 33303 US			Mailing Address P.O. BOX 30306 FT LAUDERDALE FL 33303 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FCI Number 59-2234667				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILSON, CAROL 656 N RIOVISTA BLVD FORT LAUDERDALE FL 33-3014			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 Agents signature required when terminating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HILSON, CAROL		NAME		
STREET ADDRESS	646 N RIOVISTA BLVD		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33301		CITY- ST- ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HILSON, CAROL		NAME		
STREET ADDRESS	656 N RIO VISTA BLVD		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33301		CITY- ST- ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HILSON, CAROL		NAME		
STREET ADDRESS	656 N RIO VISTA BLVD		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33301		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 Section 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: 			Date: 3/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					