


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002527 1. Entity Name CAROLYN CORPORATION	
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Principal Place of Business 423 CATALONIA AVE MIAMI, FL 33134 US	Mailing Address 423 CATALONIA AVE MIAMI, FL 33134 US
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DO NOT WRITE IN THIS SPACE



06242005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2543148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ODED, REUVEN
423 CATALINA AVENUE
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000369826 06/27/05-80004-025 558.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ODED, REUVEN 4217 ANNE CT MIAMI, FL 33133
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IN THIS SPACE**

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:  **6/24/05** **561-212-1113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #