2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Mar 03, 2004 8:00 am **Secretary of State** DOCUMENT # H09792 1. Entity Name 03-03-2004 90009 020 ***150.00 CARLTONI, INC. Mailing Address Principal Place of Business 706 WEST BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 706 WEST BOYNTON BEACH BLVD **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0072421 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ULIEADAMBROS D'AMBROSIO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 706 W BOYNTON BEACH BLVD W. BOYNTON **BOYNTON BEACH FL 33426** 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 age FILE/NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete TITLE ☐ Addition D'AMBROSTO, JULIE 706. W. BRYNTON BRICH BLUD NAME D'AMBROSIO, ANTHONY NAME STREET ADDRESS STREET ADDRESS 706 W BOYNTON BCH BLVD BOYNTON BEACH FL CITY-ST-ZIP 33426 CITY-ST-ZIP BOYNON BEACH, FL VTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE D'AMBROSIO, JULIE A NAME NAME 706 W BOYNTON BCH BLVD STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 firstee-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED