

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K23879

1. Entity Name
CARENIS CORPORATION



Principal Place of Business

100 SE 2ND STREET
17TH FLOOR
MIAMI, FL 33131 US

Mailing Address

100 SE 2ND STREET
17TH FLOOR
MIAMI, FL 33131 US



01292004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, S H
100 SE 2ND ST
17 FLOOR
MIAMI, FL 33131

**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 \$150.00
After May 1, 2004 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
VD
STRICKROOT, JOHN C.
100 SE 2ND STREET 17TH FLOOR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DELEO, CHARLES G
100 SE 2ND STREET 17TH FLOOR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ALTMAN, STUART H.
100 SE 2ND STREET 17TH FLOOR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KELLEY, ALLAN R.
100 SE 2ND STREET 17TH FLOOR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HURLEY, JAMES N
100 SE 2 STREET 17 FLOOR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stuart H. Altman **STUART H. ALTMAN, Secy** 1/29/04 305-789-9255