

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90100 009 ***150.00

DOCUMENT # K46679

1. Entity Name

CARLOS & CARLOS, JR. CONSTRUCTION, INC.



Principal Place of Business

1504 FLAGLER AVE
KEY WEST FL 33040
US

Mailing Address

1504 FLAGLER AVE
KEY WEST FL 33040
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0092361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

CARLOS R.YSIDRO
1504 FLAGLER AVE
KEY WEST FL 33040

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

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, 2007 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 Fees

10. OFFICERS AND DIRECTORS

TITLE: DPVS
NAME: YSIDRO, CARLOS R.
STREET ADDRESS: 1504 FLAGLER AVE
CITY- ST- ZIP: KEY WEST FL ☐ Delete

TITLE: D
NAME: YSIDRO, CARLOS R.
STREET ADDRESS: 1504 FLAGLER AVE
CITY- ST- ZIP: KEY WEST FL ☐ Delete

TITLE: S
NAME: YSIDRO, CARLOS R.
STREET ADDRESS: 1504 FLAGLER AVE
CITY- ST- ZIP: KEY WEST FL ☐ Delete

TITLE: P
NAME: YSIDRO, CARLOS R.
STREET ADDRESS: 1504 FLAGLER AVE
CITY- ST- ZIP: KEY WEST FL ☐ Delete

TITLE: VP
NAME: YSIDRO, CARLOS
STREET ADDRESS: 1504 FLAGLER AVE
CITY- ST- ZIP: KEY WEST FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #