


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90018 035 ****50.00

DOCUMENT # L05000084535		
1. Entity Name CARRE INTERNATIONAL, LLC		

Principal Place of Business 950 S PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324	Mailing Address 950 S PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324
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20036716



2. Principal Place of Business 4414 NW 74th AVE	3. Mailing Address 2030 S DOUGLAS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 714

04172006 Chg-LLC CR2E083 (11/05)

City & State MIAMI FLORIDA	City & State CORAL GABLES, FL
Zip 33166	Country USA
Zip 33134	Country USA

4. FEI Number 20-3618204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GLOBAL HUMAN CAPITAL SOLUTIONS, INC. 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323		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 Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTERO, PAOLA GONZALEZ <input type="checkbox"/> Delete 950 S. PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTERO, PAOLA GONZALEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4414 NW 74 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILES, ENRIQUE SUAREZ <input type="checkbox"/> Delete 950 S. PINE ISLAND ROAD, SUITE 110 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILES, ENRIQUE SUAREZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4414 NW 74 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **04-25-06 (305) 436 6057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #