


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L82511 1. Entity Name CARIN OF MIAMI, INC.					
Principal Place of Business 1800 SW 73RD CT RD MIAMI FL 33155			Mailing Address 1800 SW 73RD CT RD MIAMI FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0207961	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RPDRIGUEZ, RAUL 1800 SW 73RD CT RD MIAMI FL 33155			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 constituting) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	RODRIGUEZ, RAUL	U00000416155 02/13/06-80004-009 150.00			
STREET ADDRESS	1800 SW 73RD CT RD	TITLE			
CITY-ST-ZIP	MIAMI FL	NAME			
TITLE	D <input type="checkbox"/> Delete	STREET ADDRESS			
NAME	RODRIGUEZ, CARMEN	CITY-ST-ZIP			
STREET ADDRESS	1800 SW 73RD CT RD	TITLE			
CITY-ST-ZIP	MIAMI FL	NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		TITLE			
CITY-ST-ZIP		NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		TITLE			
CITY-ST-ZIP		NAME			

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: *Carmen Rodriguez* **CARMEN Rodriguez 1/26/06 305 261-23.**