


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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| DOCUMENT # M17022 1. Entity Name FLORIDA CARRIER, INC. |  |
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| Principal Place of Business C/O ALEJANDRO A. ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178 | Mailing Address C/O ALEJANDRO A. ACOSTA 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178 |
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2553790 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ACOSTA, ALEJANDRO A.
12060 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000779381 01/11/08-80035-011 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ACOSTA, ALEJANDRO A. 12060 NW SOUTH RIVER DR MEDLEY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ELORTEGUI, MARTA 12060 NW SOUTH RIVER DR MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. 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 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: ALEJANDRO ACOSTA.  1/7/08 (305)888-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #