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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M53012

1. Entity Name
CARISAM-SAMUEL MEISEL (FL), INC.



FILED
04 FEB -6 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
See Attach

Principal Place of Business Mailing Address

10900 N.W. 27TH ST. 10900 N.W. 27TH ST.
 MIAMI, FL 33172 US MIAMI, FL 33172 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02112004 Chg-P CR2E034 (10/03)

4. FEI Number
74-2478978

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

RIFAS, HAROLD
 7900 RED ROAD, STE. 9
 MIAMI, FL 33143

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, 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	PD	<input type="checkbox"/> Delete
NAME	GRANEK, DAVID	
STREET ADDRESS	3745 SPRING LANE LN.	
CITY-ST-ZIP	OWINGS MILLS, MD	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROWLEY, MARY	
STREET ADDRESS	10900 N.W. 27TH ST.	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	RIFAS, HAROLD	
STREET ADDRESS	7900 RED RD., STE. 9	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	SENGELMANN, PETER	
STREET ADDRESS	10900 N.W. 27TH ST.	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500029297975
 02/24/04--01027--006 **150.00

TS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 #



Prayer

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Business Entity Name
CARISAM-SAMUEL MEISEL (FL), INC.

FEI Number
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address
Suite, Apt. #, etc.
City, State ,
Zip Code & Country

Mailing Address

Address
Suite, Apt. #, etc.
City, State ,
Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title) , ,
-or- RA Business Name
Address
Suite, Apt. #, etc.
City, State ,
Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Business Entity Name

CARISAM-SAMUEL MEISEL (FL), INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title

Name (Last, First, Middle, Title) , , ,

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature
HAROLD M. REAS

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