


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90249 024 \*\*\*150.00

DOCUMENT # M53012 1. Entity Name CARISAM-SAMUEL MEISEL (FL), INC.	
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Principal Place of Business 10900 N.W. 27TH ST. MIAMI, FL 33172 US	Mailing Address 10900 N.W. 27TH ST. MIAMI, FL 33172 US
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 74-2478978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANEK, DAVID 3745 SPRING LANE LN. OWINGS MILLS, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWLEY, MARY 10900 N.W. 27TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD RIFAS, HAROLD 7900 RED RD., STE. 9 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SENGELMANN, PETER 10900 N.W. 27TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 employed.

SIGNATURE: Mary Crowley Date: 1/6/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR