

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90132 011 ****61.25

DOCUMENT # N96000001432

1. Entity Name
CARTER ERUV, INC.



Principal Place of Business
**16189 JOG ROAD
DELRAY BEACH, FL 33446**

Mailing Address
**16189 JOG ROAD
DELRAY BEACH, FL 33446**

50006366



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KORMAN, MURRAY
421 SAXONY I
DELRAY BEACH, FL 33446~~

Name **KAUFMAN, JACK**
Street Address (P.O. Box Number is Not Acceptable)
485 PIEDMONT H
City **DELRAY BEACH** FL Zip Code **33484**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KORMAN, MURRAY**
STREET ADDRESS **421 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KAUFMAN, JACK**
STREET ADDRESS **485 PIEDMONT H**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ Delete
NAME **WEXLER, JACOB**
STREET ADDRESS **112 WATERFORD E**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KAUFMAN, JACK**
STREET ADDRESS **768 FLANDERS P**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D, 1ST V** ☐ Change ☒ Addition
NAME **JAFFE, LLOYD**
STREET ADDRESS **7248 DE MEDICI CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☐ Delete
NAME **NAROTSKY, BETTY**
STREET ADDRESS **15457 LAKE GARDENS PL**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOEBL, GABRIEL**
STREET ADDRESS **6325 GRAYCLIFF DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

**JACK KAUFMAN
PRESIDENT**

Date

Daytime Phone #

3/28/2006

561-499-9229