2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005666

1. Entity Name
CRANDON CAROUSEL & AMUSEMENT ORGANIZATION, INC.

Principal Place of Business	Mailing Address
5421 S.W. 63RD CT. MIAMI, FL 33155	5421 S.W. 63RD CT. MIAMI, FL 33155

02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1804599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLYATT, ANN MARIE
5421 S.W. 63RD CT.
MIAMI, FL 33155

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLYATT, ANN MARIE
STREET ADDRESS	5421 S.W. 63RD CT.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	RICHARDSON, LISA
STREET ADDRESS	708 MINORCA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	KIRZNER, CATHERINE
STREET ADDRESS	9333 SW 130 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD
NAME	WOOD, CAROLYN
STREET ADDRESS	275 HAMPTON LANE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/05--80056--010 61.25

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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 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: Ann Marie Clyatt - Ann Marie Clyatt 2-14-05 305-666-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #