## 2005 FOR PROFIT GORPORATION ANNUAL REPORT

## FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P0000050475  1. Entity Name CARA'S TRANSPORTATION, INC.					05-04-2005 90145 027 ***150.00				
Principal Place	a of Business	Mailing Address							
1920 REED HILL DR WINDERMERE, FL 34786		PO BOX 1126 WINDERMERE, FL 34786				40-41 61111 6611	: BIBII 1962) BU	· (88)	
2. Principal Place of Business		3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number 59-3647				plied For Applicable	
Zip Country		Zip Country		try	5 Certificate of Status Desired S8.75 Additional				
	6. Name and Address of Current	Registered Agent	J		7. Name and A	Address of New Re		ee Required	,
	o. Hante and Address of Content	Trogiotores Agent,		Name		CARA		<b>9.</b>	
SPIEGEL & UTRERA, P.A.				Street Address (	irrest Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE CORAL GABLES, FL 33134				1525		HILL DR	·		
1				City Unne	INDERNERE FL Zingode			81	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or both	i, in the State of Flor	rida. I am fa	ımiliar with,	and accept
SIGNATURE_	<i>*</i> '*								
	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Rogistere	d Agent signature required	d when reinstating)		DATE		
	δ <b>\</b> <sup>†</sup>	l l							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con	-		.00 May Be led to Fees				
After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	ODIRECTORS	tribution.	☐ Add	ed to Fees	CHANGES TO OFFI	CERS AND		
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indicated on this report or supplemental leport 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 trusted 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 adoless, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Daytime Phone #