FILED
Jun 17, 2005 8:00 am
Secretary of State
03-30-2005 90029 033 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000058015

1. Entity Name
CAREFREE LIFESTYLES INC.

Principal Place of Business	Mailing Address
1301 ALTON ROAD MIAMI BEACH FL 33139	1301 ALTON ROAD MIAMI BEACH FL 33139

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1031 5TH ST.	1031 5TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach Fla.	City & State: Miami Beach Fla.
Zip: 33139 County: Dade	Zip: 33139 County: Dade

4. FEI Number 65-1071416 ☐ Applied For ☐ Not Applicable

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
Name: Gary Marotta
Street Address (P.O. Box Number is Not Acceptable): 1031 5th St.
Miami Beach Fla 33139
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 ______ 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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	STD	☐ Delete
NAME	MAROTTA, GARY	
STREET ADDRESS	1301 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	☐ Delete
NAME	MAROTTA, ANTHONY	
STREET ADDRESS	1301 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 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: Anthony Marotta 4/15/05 305-534-3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #