FILED Apr 11, 2003 8:00 am Secretary of State

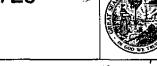
04-11-2003 90155 042 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P00000087729

1. Entity Name CARTINA, INC.



Principal Place of Business 1210 TANGERINE CT EUSTIS FL 32726

SIGNATURE

10.

Mailing Address 1210 TANGERINE CT EUSTIS FL 32726

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



TO CHECK HERE IF MAKING CHANGES

DATE

Zip	Country	Zip
	8. Name and Address of Cu	rrent Registered Agent
PAULHAMUS	, CAROL	
1210 TANGEI	RINE CT	
EUSTIS FL 32	2726	

7. Name and Address of New Registered Agent		
Name		<u>-</u> .
	·	
Street Address (P.O. B	ox Number is Not Acceptable)	

59-3670682

4. FEI Number

5. Certificate of Status Desired

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.

11.

City

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 FAfter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9.	Election Campaign Financing
	Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

TITLE Addition TITLE-☐ Delete PAULHAMUS, CAROL NAME STREET ADDRESS 1210 TANGERINE CT STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IF Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Date

Daytime Phone #