

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 037 ***150.00

DOCUMENT # P00000116962					
1. Entity Name CARRASCO INTERNATIONAL CORPORATION					
Principal Place of Business 8500 WEST FLAGLER ST. STE B-208 MIAMI, FL 33144			Mailing Address 8500 WEST FLAGLER ST. STE B-208 MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1072162	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, MIGUEL 8500 WEST FLAGLER ST. STE B-208 MIAMI, FL 33144				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DVPS	NAME ECHEVERRIA, CARLOS J		TITLE _____	NAME _____	
STREET ADDRESS 8500 WEST FLAGLER ST. STE B-208	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE D	NAME COPIA GUILLERMO, EDUARDO		TITLE _____	NAME _____	
STREET ADDRESS 8500 WEST FLAGLER ST. STE B-208	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE D	NAME COPIA, RODOLFO E		TITLE _____	NAME _____	
STREET ADDRESS 8500 WEST FLAGLER ST STE B-208	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE D	NAME COPIA, RODOLFO E		TITLE _____	NAME _____	
STREET ADDRESS 8500 WEST FLAGLER ST. STE B-208	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE PD	NAME COPIA, NORBERTO		TITLE _____	NAME _____	
STREET ADDRESS 8500 WEST FLAGLER ST. STE B-208	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE D	NAME DE COPIA MIRAM, EMILSE		TITLE _____	NAME _____	
STREET ADDRESS 8500 WEST FLAGLER ST. STE B 208	CITY-ST-ZIP MIAMI, FL 33144		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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, removal or other like empowered.					
SIGNATURE: _____			03/03/06 305-373-4460		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		