

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012767

Entity Name: FLORIDA CARRIAGE, CORP.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
MIAMI, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
MIAMI, FL 33134

FEI Number: 65-1151238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & COMPANY, P.A.
2121 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & COMPANY, P.A.
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, ALBERTO LOSADA
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

Title: VPD () Delete
Name: SALCEDO, JOAQUIN LOSADA
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

Title: TSD () Delete
Name: ANGEL, CAROLINA L
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOSADA-TORRES, ALBERTO
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

Title: VPD (X) Change () Addition
Name: LOSADA-SALCEDO, JOAQUIN
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO LOSADA-TORRES

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date