

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT #P01000064498

1. Entity Name  
CARANANTE CONSULTING SERVICES, INC.



Principal Place of Business  
205 SOUTH SHERRILL ST.  
TAMPA, FL 33609

Mailing Address  
205 SOUTH SHERRILL ST.  
TAMPA, FL 33609

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**



02072006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3736033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PEREZ, RONALD E JR  
2124 WEST KENNEDY BLVD., STE. A  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD CARANANTE, KEITH E 205 SOUTH SHERRILL ST. TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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UD00000511901  
04/23/06-80067-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: Keith Caranante  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

813-485-3034  
Daytime Phone #