

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P01800065217

1. Entity Name

CARROLL STREET BOYS RE, INC.



03-24-2006 90034 041 \*\*\*\*50.00

03-27-2006 90266 037 \*\*\*150.00

Principal Place of Business

101 NORTH US HWY 1  
SUITE 112  
FORT PIERCE FL 34950

Mailing Address

101 NORTH US HWY 1  
SUITE 112  
FORT PIERCE FL 34950



2. Principal Place of Business

3401 S FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

1206 FOSTER MILL LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FORT PIERCE FL

Zip

34982

Country

ST. LUCIE

City & State

DAYTON BEACH FL

Zip

32134

Country

FLORIDA

4. FEI Number

65-1122935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MILLER, BONNIE S  
9050 PINES BLVD., SUITE 384  
PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/15/2006

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 VP ☐ Delete  
NAME RAPUZZI, GEORGE  
STREET ADDRESS 39 BEVY CT  
CITY-ST-ZIP BROOKLYN NY 11212

TITLE P ☐ Delete  
NAME ANTICO, PHILIP  
STREET ADDRESS 101 NORTH US HWY 1, SUITE 112  
CITY-ST-ZIP FORT PIERCE FL 34950

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2006