

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000065217

1. Entity Name

CARROLL STREET BOYS RE, INC.



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

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
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2. Principal Place of Business 3401 S FEDERAL Hwy Suite, Apt. #, etc.	3. Mailing Address 1206 FOSTER MILL Lane Suite, Apt. #, etc.
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City & State FORT PIERCE FL 34952	City & State Boynton Beach FL 33436
Country ST. LUCIE	Country Palm Beach

6. Name and Address of Current Registered Agent  MILLER, BONNIE S 9050 PINES BLVD., SUITE 384 PEMBROKE PINES FL 33024	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-1122935	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 changing)

DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAPUZZI, GEORGE 39 BEVY CT BROOKLYN NY 11212	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTICO, PHILIP 101 NORTH US HWY 1, SUITE 112 FORT PIERCE FL 34950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/16/2006

Daytime Phone #