

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:01
Secretary of State**

DOCUMENT # P01000092337

**1. Entity Name
CARSON OVERSEAS TRADING, INC.**



Principal Place of Business

**9401 N.W. 106TH ST
STE. 108
MIAMI, FL 33178**

Mailing Address

**9401 N.W. 106TH ST
STE. 108
MIAMI, FL 33178**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1147877**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONAS, PETER CPA
8370 W FLAGLER STREET STE 125
MIAMI, FL 33144**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME CAPORICCI, FRANCESCO
STREET ADDRESS 9401 N.W. 106TH ST #108
CITY-ST-ZIP MIAMI, FL 33178**

**TITLE VSD
NAME CAPORICCI, PAOLO PIETRO
STREET ADDRESS 9401 N.W. 106TH ST #108
CITY-ST-ZIP MIAMI, FL 33178**

**TITLE TD
NAME CAPORICCI, GIANCARLO C
STREET ADDRESS 9401 N.W. 106TH ST #108
CITY-ST-ZIP MIAMI, FL 33178**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000290811
04/07/05-80004-015 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-5-05 (305) 884-8990

Date

Daytime Phone #