


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000111434 1. Entity Name CARIEXIM, INC.	
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Principal Place of Business 1152 N. UNIVERSITY DRIVE SUITE 303 PEMBROKE PINES, FL 33024	Mailing Address 1152 N. UNIVERSITY DRIVE SUITE 303 PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0415059	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRICHTON, SAMUEL 1152 N. UNIVERSITY DRIVE SUITE 303 PEMBROKE PINES, FL 33024
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRICHTON, JANE P.O. BOX 025580 MIAMI, FL 33102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRICHTON, SAMUEL P.O. BOX 025580 MIAMI, FL 33102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

1100000562987
05/19/06-80077-008 150.00

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:  Samuel Crichton	Date: 5/4/06	Daytime Phone # _____
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ACCOUNTANT.