2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P02000011740** 04 OCT -5 AM 9 17 1. Entity Name CARMEL VIEWS, INC. SECRETARY OF STATE TALLAHASSTE, FTORIDA Principal Place of Business Mailing Address C/O NICOLAS FERNANDEZ PA C/O NICOLAS FERNANDEZ PA 780 NW LE JEUNE ROAD SUITE 324 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For APPLIED FOR 20-0267442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition ESPEJO, EDGAR E NAME NAME STREET ADDRESS 780 NW LE JEUNE ROAD, #324 STREET ADORESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP HILE Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/8 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗌 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 trusted 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: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/2004-90003-022-\$550.00-\$550.00