2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

1. Entity Name CARTER ENTERPRISES OF SOUTH FLORIDA, INC.					Ü
521 SAN SE	ee of Business RVANDO AVENUE .ES, FL 33143	Mailing Acdress 521 SAN SERVANDO AVENUE CORAL GABLES, FL 33143			live skime livet vint skrev lives is inds
C	O NOT WRITE	IN THIS SPA	CE	02102005 No Chg-P 4. FEI Number 73-1644934	CR2E034 (10/03) Applied For Not Applicable
	6. Name and Address of Current Re	nistand & cost		5. Certificate of Status Desired	S8.75 Additional Fee Required
		DECEMBER AND SERVICES	ganganganina (gaiginean again	DO NOT WE	. 1 4 1 AWA
the obligate	named entity submits this statement for the form of registered agent. Signature, speed or printed name of registered agent and E NOWILL FEE 18 \$150.00		d Agent signature required	ed agent, or both, in the State of Florida	a. I am familiar with, and accept DATE
After Ma	ny 1, 2005 Fee will be \$550.00 OFFICERS AND DIF		L) Adde	ed to rees	\$ 2 0 00 00 00 00 00 00 00 00 00 00 00 00
RILE NAME STREET ADDRESS CITY-ST-ZIP	PD MOYLAN, CLINT C 521 SAN SERVANDO AVENUE CORAL GABLES, FL 33143		-मानुस्तरका मार्थ देश गाउँ मुस्ति के व्		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/98962	378574002 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO NOT WR	IITE
title name street address city-st-zip				IN THIS SPA	
name Street address					enga Marya da katangan
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP			Control Marie Control		
12. I hereby of indicated of the cor	ertify that the information supplied with this on this report or supplemental report is tru oration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my signat red to execute this report as requir	nption stated in Soc ure shall have the s ed by Chapter 607,	tion 119.07(3)(i), Florida Statutes, I fur	ther centify that the information

SIGNATURE: Chink. Mr Clint C. Maylor President 2/14/05 305-975-4805