DE : L.C.e HIJOS S.A.C NO. DE TEL : 3650795

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91248 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069456

1. Entity Name
CARWIL TRADING, CORP

94083381

Principal Place of Business	Mailing Address
256 W RIVERBEND DR SUNRISE, FL 33326-2218	256 W RIVERBEND DR SUNRISE, FL 33326-2218

0427200a No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

2. FEI Number
33-1018514
☐ Applied For
☐ Not Applicable

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

4. Name and Address of Current Registered Agent

CANCHO, LUCIO A
256 W RIVERBEND DR
SUNRISE, FL 33326-2218

DO NOT WRITE IN THIS SPACE

6. 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: X [signature] 1017 SW 113TH WAY DAVIE FL 33325 4/26/04
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CANCHO, LUCIO A
STREET ADDRESS	256 W RIVERBEND DR
CITY-ST-ZIP	SUNRISE, FL 333262218
TITLE	DV
NAME	CANCHO, JORGE
STREET ADDRESS	256 W RIVERBEND DR
CITY-ST-ZIP	SUNRISE, FL 333262218
TITLE	DS
NAME	MAURIZ, MARIA C
STREET ADDRESS	256 W RIVERBEND DR
CITY-ST-ZIP	SUNRISE, FL 333262218
TITLE	
NAME	X New Addl:
STREET ADDRESS	1017 SW 113TH WAY
CITY-ST-ZIP	Davie FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X [signature] 4/26/04 (754)235 3610
(Signature, Name and Title of Officer or Director) Date Daytime Phone #