

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079963

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: CARPER INC

## Current Principal Place of Business:

11445 N BAYSHORE DR  
MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

11445 N BAYSHORE DR  
MIAMI, FL 33181

## New Mailing Address:

16300 NE 19 AVE  
STE C  
NORTH MIAMI BEACH, FL 33162

FEI Number: 55-0788437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERNAS, MARIA C  
11445 NORTH BAYMORE DRIVE  
MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

SILVA, LUIS F  
16300 NE 19 AVE  
STE C  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: LUIS F SILVA

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARUSO, MARCOS  
Address: 11445 N BAYSHORE DR  
City-St-Zip: MIAMI, FL 33181

Title: O ( ) Delete  
Name: PERNAS, MARIA C  
Address: 11445 NORTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33181

Title: O ( ) Delete  
Name: CARUSO, CRISTINA  
Address: 11445 NORTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33181

Title: VPD ( ) Delete  
Name: BRUNO, BERNARDINO  
Address: 11445 NORTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS CARUSO

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date