2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2007 08:00 AM Secretary of State DOCUMENT # P02000106052 1. Entity Namo CVI-CARBONE VACATIONS INC. Principal Place of Business Mailing Address 11531 SW 93RD ST. 11531 SW 93RD ST. **MIAMI FL 33176** MIAMI FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apl. #, olc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 06-1652411 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARBONE, ANTONIO C Street Address (P.O. Box Number is Not Acceptable) 11531 SW 93RD ST. **MIAMI FL 33176** Zip Code 8. The above named ontity 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 it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Addition TITLE Change CARBONE, ANTONIO C NAME 11531 SW 93RD ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CHY-ST-ZIP CITY - ST- ZIP HILE Delete IIILE U00000717957 Change ☐ Addition NAME 05/01/07-80002-022 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY OT-ZIP mu: Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY+SI-7IP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 placed are not appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

**FILED**