

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029343

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CAREY BUSINESS ENTERPRISES, INC.

## Current Principal Place of Business:

2501 NE 33RD AVENUE  
APARTMENT #4  
FT. LAUDERDALE, FL 33305

## New Principal Place of Business:

5062 NORTH DIXIE HIGHWAY  
FT. LAUDERDALE, FL 33334

## Current Mailing Address:

P.O. BOX 800337  
MIAMI, FL 332800337

## New Mailing Address:

FEI Number: 20-4727177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, DAVID T ESQ  
7590 NORTHWEST 186TH STREET STE 206  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAREY, PETER  
Address: P.O. BOX 800337  
City-St-Zip: MIAMI, FL 332800337

Title: D ( ) Delete  
Name: SANTANA, TRACY  
Address: 7741 BELMONTE BLVD  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: WENGER, COLLEEN  
Address: 1806 SPRINGWOOD CIR. NORTH  
City-St-Zip: CLEARWATER, FL 33763

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER CAREY

D

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date