


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000058945
 1. Entity Name
CAROLYN TOWNHOUSE CONDOMINIUM, INC.



Principal Place of Business 11 S.W. 52ND AVENUE #6C MIAMI, FL 33134	Mailing Address 11 S.W. 52ND AVENUE #6C MIAMI, FL 33134
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01082006 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-1582960	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ESPINOSA, PATRICIA O ESQ.
 815 N.W. 57TH AVENUE
 SUITE 405
 MIAMI, FL 33126**

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7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REY, XIOMAR 11 S.W. 52ND AVENUE #6C MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GONZALEZ, MARIA LOUISA 11 S.W. 52ND AVENUE #6C MIAMI, FL 33134
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **1-9-2006 3054466359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #