FILED
Jun 04, 2004 8:00 am
Secretary of State

05-20-2004 90006 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000075376

1. Entity Name
CARINI CORP.

66426450

Principal Place of Business	Mailing Address
~~7600 NW 4TH PLACE #103~~ ~~MARGATE, FL 33063~~	7600 NW 4TH PLACE #103 MARGATE, FL 33063

05172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10603 W. ATlanTic BLVD	7600 NW 4th Place
Suite, Apt. #, etc:	Suite, Apt. #, etc: APT. 103
City & State: Coral Springs FL	City & State: Margate, FL 33063
Zip: 33065 Country: Broward	Zip: 33063 Country: Broward

4. FEI Number: 20-0082102 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOVANOVIC, DOUGLAS ESQ C/O DOUGLAS JOVANOVIC, P.A. 17 SOUTHEAST 24TH AVE POMPANO BEACH, FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VANDINO, JOSEPH D 7600 NW 4TH PLACE #103 MARGATE, FL 33063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vandino Rosario 7600 NW 4th Place Margate, FL 33063 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5/17/04 (954) 509-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #