


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90022 020 \*\*\*150.00

<b>DOCUMENT # P03000099168</b> 1. Entity Name <b>CARMELIA CORPORATION</b>	
---	---

Principal Place of Business <b>1893 NW 72 WAY PEMBROKE PINES, FL 33024</b>	Mailing Address <b>1893 NW 72 WAY PEMBROKE PINES, FL 33024</b>
---	---



04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1203736</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ALVARADO, JOSE E 11375 NW 53 LANE MIAMI, FL 33178</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, JOSE E 1893 NW 72 WAY PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELTRAN, CLARA I 1893 NW 72 WAY PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, CLARA M 1893 NW 72 WAY PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_