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SEC. OF STATE
TALLAHASSEE, FLORIDA

REINFORCEMENT 056

DO NOT WRITE IN THIS SPACE

FBI Number 200380749	Applied For
	Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Casolina Fernandez

Street Address (P.O. Box Number is Not Acceptable)
9375 Fountainbleau Blv L430

City Miami	FL	Zip Code 33172
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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: _____

FOUO Registered Agent signature required when not notarizing

400064409744

01/24/06--01051--005 ***000.00

January 1 - May 1 fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Chick Payable to Florida Department of State

2. Election Campaign Financing

- **Trust Fund Contribution**

\$5.00 May Ed

Added to Fees

10. OFFICERS AND DIRECTORS:

NAME	P
NAME	Carolina Fernandez
STREET ADDRESS	9375 Fountainbleau Blv L 43D
CITY-ST-ZIP	Miami FL 33172

FILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	

TITLE NAME STREET ADDRESS CITY, ST. ZIP	
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NAME	
ADDRESS	
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ZIP	

CITY-STATE	
TITLE	
NAME	
STREET ADDRESS	

NAME	
DATE	
TIME	
TEST NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 on an attachment with an address, with all copies like enclosed.

SIGNATURE: V. [Signature]

RECEIVED AND TYPED ON: DATE: NAME OF TRAINING OFFICER OR DIRECTOR:

1245

James W. H. H. H.

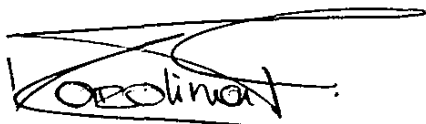
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation, **KAROLINA CREA CORP.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read "Carolina", with a long horizontal flourish extending to the right.

CAROLINA FERNANDEZ
PRESIDENT