2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156858

4907 DUNMORE LN.

KISSIMMEE, FL 34746 US

Address: City-St-Zip: FILED Jun 23, 2009 Secretary of State

Entity Nan	ne: CA. CARI	RERO CORP.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4907 DUNI KISSIMMEE	MORE LN. E, FL 34746	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4907 DUNI KISSIMMEI	MORE LN. E, FL 34746	US			
FEI Number:	20-0645420	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LARSON, CAROLINE 8818 COMMODITY CIRCLE 40			LARSON, CAROLINE 8810 COMMODITY CII 17	8810 COMMODITY CIRCLE	
ORLANDO, FL 32819 US			• •	ORLANDO, FL 32819 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON				06/23/2009	
	Electron	ic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not growth Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CARVALHO, CA 4907 DUNMOR KISSIMMEE, FI	E LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () CARVALHO, EU 4907 DUNMOR KISSIMMEE, FI	E LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () CARVALHO, CA	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CARLOS A CARVALHO P 06/23/2009