


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90020 017 \*\*\*150.00

**DOCUMENT # P04000000380**

1. Entity Name  
**CUSTOM INSTALLATIONS BY CARLOS, INC.**



Principal Place of Business      Mailing Address  
**7683 ABONADO ROAD**      **7683 ABONADO ROAD**  
**TAMPA, FL 33615**      **TAMPA, FL 33615**

64010004

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 20464**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**TAMPA - FLORIDA**  
 Zip      Country      Zip      Country  
**33622-0464**      **U.S.A**



02192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0529968**      - 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

**OLMEDA, CARLOS R**  
**7683 ABONADO ROAD**  
**TAMPA, FL 33615**

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 *Carlos R. Olmeda* **PRESIDENT**      DATE **02-19-2004**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>OLMEDA, CARLOS R</b> <b>7683 ABONADO ROAD</b> <b>TAMPA, FL 33615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos R. Olmeda*      **CARLOS R. OLMEDA**      DATE **02-19-2004**      DAYTIME PHONE # **(813) 249-0799**

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

*Attachment*

*24018984*  
*#P04000000380*

**Notice of Address Change**

**Please be advised that all correspondence to the following address:**

**Custom Installations By Carlos Inc.  
7683 Abonado Road  
Tampa, Florida 33615**

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**Should be sent to the following address:**

**NEW ADDRESS**

**Custom Installations by Carlos Inc.  
P. O. Box 20464  
Tampa, Florida 33622-0464**