## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90020 047 \*\*\*150.00 **DOCUMENT # P04000013699** 1. Entity Name **CARÁ 21455 CORPORATION** 40047078 Principal Place of Business Mailing Address 3230 W PROSPECT RD 3230 W PROSPECT RD **STE 170** STE 170 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 1077 SW 304 Avenue Mailing Address #2 SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc 03112008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Deertield 20-0629322 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent )oscph NATIONAL CORPORATE RESEARCH, LTD, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 30th Avenu 8. The above named entity submits this statement for the purpos 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 print 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete RHE Change Addition FARRELL, JOSEPH P NAME NAME 1071 SW 30th Avenue STREET ADDRESS 3230 W PROSPECT RD STE 170 STREET ADDRESS FT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delètè TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-712 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tige empowered. changed, or on an attachment with an address, w **SIGNATURE:**

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