

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90384 026 \*\*\*150.00

<b>DOCUMENT # P04000024758</b> 1. Entity Name <b>CARLOMA, INC.</b>																											
Principal Place of Business <b>17921 NW 57 AVE</b> <b>OPA LOCKA, FL 33055</b>		Mailing Address <b>17921 NW 57 AVE</b> <b>OPA LOCKA, FL 33055</b>																									
2. Principal Place of Business - No P.O. Box # <b>4537 SW 4 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>4537 SW 4 ST</b> Suite, Apt. #, etc.																									
City & State <b>Coral Gables Florida</b>		City & State <b>Coral Gables Florida</b>																									
Zip <b>33134</b>		Country <b>Miami-Dade</b>																									
4. FEI Number <b>56-2431947</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, CARLOS</b> <b>17921 NW 57 AVE</b> <b>OPA LOCKA, FL 33055</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4537 SW 4 ST</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</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:  DATE: <b>4/26/2007</b> <small>(Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3100 SW 19TH TERR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33145</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, CARLOS		STREET ADDRESS	3100 SW 19TH TERR.		CITY-ST-ZIP	MIAMI, FL 33145		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:		Date: <b>4/26/2007</b> Daytime Phone #: <b>786-287-4643</b>																									