


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 037 ***150.00

DOCUMENT # P04000032072

1. Entity Name
7411 CARLYLE AVENUE, INC.



Principal Place of Business
**555 75TH AVE #4
 MIAMI BEACH FL 33141**

Mailing Address
**555 75TH AVE #4
 MIAMI BEACH FL 33141**

2. Principal Place of Business
9225 Collins Avenue

3. Mailing Address
9225 Collins Avenue

Suite, Apt. #, etc.
PH-E

Suite, Apt. #, etc.
PH-E

City & State
Surfside, Florida


City & State
Surfside Florida

Zip
33154

Country
Miami Dade

Zip
33154

Country
Miami Dade



1st MOORE CR2E034 (10/05)

4. FEI Number **75-8146955** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BASSAKYROU, FRANCESCA
555 75TH AVE #4
MIAMI BEACH FL 33141


7. Name and Address of New Registered Agent

Name **JULIO C. SOMEILLAN**

Street Address (P.O. Box Number is Not Acceptable)
9225 Collins Avenue PH-E

City **SURFSIDE** FL Zip Code **33154**

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  **JULIO C. SOMEILLAN** 02-14-2006

Signature typed or printed if registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOMEILLAN, JULIO C	
STREET ADDRESS	555 75TH AVE. #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HICKS, LISSETTE L	
STREET ADDRESS	2768 SE 36 ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, SILVIA L	
STREET ADDRESS	555 75TH AVE. #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Julio C. Someillan - PRESIDENT** (305) 868-4624 02/14/2006

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