


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000032072 1. Entity Name 7411 CARLYLE AVENUE, INC.	
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Principal Place of Business 9225 COLLINS AVE PH-E SURFSIDE FL 33154	Mailing Address 9225 COLLINS AVE PH-E SURFSIDE FL 33154
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suito. Apt. #, etc.	Suito. Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 75-8146955	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOMELLIAN, JULIO C 9225 COLLINS AVE PH-E SURFSIDE FL 33154	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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, 2007 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 SOMEILLAN, JULIO C <input type="checkbox"/> Delete
NAME	SOMEILLAN, JULIO C
STREET ADDRESS	555 75TH AVE. #4
CITY-STATE-ZIP	MIAMI BEACH FL 33141
TITLE	VS HICKS, LISSETTE L <input type="checkbox"/> Delete
NAME	HICKS, LISSETTE L
STREET ADDRESS	2768 SE 36 ST
CITY-STATE-ZIP	OCALA FL 34471
TITLE	T ALVAREZ, SILVIA L <input type="checkbox"/> Delete
NAME	ALVAREZ, SILVIA L
STREET ADDRESS	555 75TH AVE. #4
CITY-STATE-ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/30/07-80012-016 150.00

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. Somellian **PRESIDENT** 1/24/07 786-208-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #