

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT #	P04000049649
1. Entity Name	
IL CARPENTIERE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2273 W 76 ST		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HIALEAH, FL			
Zip	Country	Zip	Country
33016			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
20-0903249		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
ARISTIZABAL, LORENA	
Street Address (P.O. Box Number is Not Acceptable)	
11750 SW 18 ST, #509	
City	Zip Code
MIAMI	FL 33175

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  **LORENA ARISTIZABAL** **5/4/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTRO, ALBERTO
STREET ADDRESS	2273 W 76 ST
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VP
NAME	ESTRADA, ADOLFO
STREET ADDRESS	2273 W 76 ST
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VP
NAME	ARIZA, CARLOS
STREET ADDRESS	6235 SW 26 ST
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP T S
NAME	ARISTIZABAL, LORENA
STREET ADDRESS	11750 SW 18 ST, #509
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **LORENA ARISTIZABAL, VP T S** **5/5/2005** **(305) 827-2378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**