

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054965

Entity Name: CARMO GROUP, INC.

FILED  
Feb 05, 2007  
Secretary of State

## Current Principal Place of Business:

220 MIRACLE MILE  
SUITE 230  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

220 MIRACLE MILE  
SUITE 230  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

4345 SW 72 AVENUE  
SUITE D  
MIAMI, FL 33155 US

## New Mailing Address:

PO BOX 143752  
CORAL GABLES, FL 33114 US

FEI Number: 20-0931901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARMONA, LETICIA I  
220 MIRACLE MILE  
SUITE 230  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CARMONA, LETICIA I  
4345 SW 72 AVENUE  
SUITE D  
MIAMI, FL 33155 US

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.

SIGNATURE:

02/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARMONA, LUIS M  
Address: 220 MIRACLE MILES, SUITE 230  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S/T (X) Delete  
Name: CARMONA, LETICIA I  
Address: 220 MIRACLE MILE, SUITE 230  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARMONA, LETICIA I  
Address: 4345 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETICIA I. CARMONA

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date