2008 FOR PROFIT CORPORATION

Jun 02, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P04000079066 06-02-2008 90001 031 ***150.00 1. Entity Name JOSÉPH CARAGOL, INC. Principal Place of Business Mailing Address 40100022 6722 NORTH A1A 762 U.S. HIGHWAY 1 FORT PIERCE, FL 34951 #268 VERO BEACH, FL 32962 04222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-1965136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARAGOL, JOSEPH A DO NOT WRITE **6722 NORTH A1A** FORT PIERCE, FL 34957A9 IN THIS SPACE 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1:2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ,10. TITLE CAPAGOL, JOSEPH A 6722 ACA1A STREET ADDRESS FOR PIERCE FL 3495149 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 of 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 tipe receiver of 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

4-25-08

<u> 772 - 489-5980</u>

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED