

FILED
May 02, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000114142			
1. Entity Name CARDE ENTERPRISES, INC			
Principal Place of Business 201 W KIRBY ST TAMPA, FL 33604		Mailing Address 201 W KIRBY ST TAMPA, FL 33604	
DO NOT WRITE IN THIS SPACE			
		04282008 No Chg-P CR2E034 (11/05)	
		4. FFI Number 20-1453467	Applied For ☐ Not Applicable
		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDE, JOEL 201 W KIRBY ST TAMPA, FL 33614		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and fee 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 Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	U00000943145 05/29/08-80047-023 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDE, JOEL 201 W KIRBY ST TAMPA, FL 33614		
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12. I hereby 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 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 or other like empowered.			
SIGNATURE: _____		PRES. 4-29-08 JOEL CARDE	