2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of Stat				
	MENT # P04000171			130	eci etai y	y or Stat			
1. Entity Name CARMEN	S CORNER, INC.								
Principal Place	e of Business	Mailing Address		1					
9511 WEST E MIRAMAR, FL	DAFFODIL LANE . 33025	9511 WEST DAFFODIL LANE MIRAMAR, FL 33025							
<u></u>	Section 1								
				07242007	No Chg-P	CR2E034 (11	/05)		
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 20-204			Applied For Not Applicable		
	•				of Status Desired		5 Additional aquired		
	6. Name and Address of Current R	Registered Agent	Ţ						
	ARIA C IT DAFFODIL LANE , FL 33025				NOT W THIS SF	•			
8. The above the obligat SIGNATURE	named entity submits this statement for ions of registered agent. Signature: typed or printed name of registered agent a		red office or registe		UDDDDD	orida. I am familiai 1771 083 - <u>80004 -005</u> _{DATE}			
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007		9. Election Campaign Financing \$5 Trust Fund Contribution.			i,00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND I	DIRECTORS							
NAME STREET ADDRESS CIFY-ST-ZIP	PRES SMALL, MARIA C 9511 WEST DAFFODIL LANE MIRAMAR, FL 33025			# L	, ` •		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1, MA							
TITLE NAME STREET ADDRESS CUTY-ST-ZIP				DO	NOT W	/RITE	,		
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN	THIS SI	PACE	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		14.		S Str					
TITLE NAME		***- <u>-</u>		6 	i si sa		*		

12. I hereby certify that the information supplied with this fitting 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2007

Daylime Phone #