

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90039 044 \*\*\*150.00

DOCUMENT # P05000004594



1. Entity Name  
CARLMIC CORPORATION

Principal Place of Business  
2307 LINTON RIDGE CIR #C12  
DELRAY BCH, FL 33444

Mailing Address  
2307 LINTON RIDGE CIR #C12  
DELRAY BCH, FL 33444

2. Principal Place of Business  
12549 WOODMILL DR  
Suite, Apt. #, etc.

3. Mailing Address  
12549 WOODMILL DR  
Suite, Apt. #, etc.



03022006 Chg-P CR2E034 (11/05)

City & State  
PALM BEACH GARDENS FL  
Zip  
33418  
Country

City & State  
PALM BEACH GARDENS, FL  
Zip  
33418  
Country

4. FEI Number  
20-2144081  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BCH, FL 33064

7. Name and Address of New Registered Agent  
Name  
MIRANDA B. NOVAIS  
Street Address (P.O. Box Number is Not Acceptable)  
12549 WOODMILL DR.  
City  
PALM BEACH GARDENS FL Zip Code  
33418

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: MIRANDA B. NOVAIS DATE: 3/10/06  
Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00  
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAIS, MIRANDA B 2307 LINTON RIDGE CIR #C12 DELRAY BCH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12549 WOODMILL DR PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SERRA, ANTONIO CARLOS 2307 LINTON RIDGE CIR #C12 DELRAY BCH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12549 WOODMILL DR PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: MIRANDA B. NOVAIS DATE: 3/10/06 DAYTIME PHONE #: 561.350.4117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR