2006 FOR PROFIT CORPORATION

May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000030995 05-08-2006 90305 036 ***150.00 1. Entity Name CARÓL HILL-WILLIAMS, INC. Principal Place of Business Mailing Address 3030 MATILDA STREET 3030 MATILDA STREET MIAMI, FL 33133-4535 MIAMI, FL 33133-4535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 CR2E034 (11/05) Chq-P Applied For City & State City & State 4. FEL Number 34-2038755 ~ Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILL-WILLIAMS, CAROL Street Address (P.O. Box Number is Not Acceptable) 3030 MATILDA STREET MIAMI, FL 33133-4535 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Addition **PST** ☐ Change TITLE Delete TITLE Carol Hill-Williams NAME NAME STREET ADDRESS STREET ADDRESS 3030 Matilda Street Miami, FL 33133-4535 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

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CITY-ST-ZIP

and Williams Carol Hill-Williams

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TITLE

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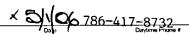
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