

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P05000031024

1. Entity Name
CARANDO, INC.



Principal Place of Business
**3311 SW 24 ST
MIAMI, FL 33145**

Mailing Address
**3311 SW 24 ST
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0141931

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIGUEL, NANCY
3311 SW 24 ST
MIAMI, FL 33145**

**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

Michael Carl M

Signature of person authorized to act as registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MICHAEL, CARL M
STREET ADDRESS	3311 SW 24 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	DIAZ, MARIA M
STREET ADDRESS	3311 SW 24 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	SOTOLONGO ROBERTO
STREET ADDRESS	3311 SW 24 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	MIGUEL, NANCY
STREET ADDRESS	3311 SW 24 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80029-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Carl M
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/15/07

(705) 324-9120
Office Phone #