


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90323 016 ***150.00

DOCUMENT # P05000055338	
1. Entity Name CARR-COMISAR INC.	

Principal Place of Business 1446 NW 2ND AVE SUITE 105 BOCA RATON, FL 33432	Mailing Address 1446 NW 2ND AVE SUITE 105 BOCA RATON, FL 33432
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00010161

2. Principal Place of Business 6965 PALMAR CT	3. Mailing Address 2298 NW 2nd AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 20
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33433	Country
	Zip 33431
	Country



03272006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2619146		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COMISAR, LINDA 1446 NW 2ND AVE SUITE 105 BOCA RATON, FL 33432		
7. Name and Address of New Registered Agent Name LINDA COMISAR Street Address (P.O. Box Number is Not Acceptable) 6965 PALMAR CT City BOCA RATON FL Zip Code 33433		

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 *Linda Comisar* **LINDA COMISAR, PR** **3/28/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMISAR, LINDA 6965 PALMAR CT BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Linda Comisar* **LINDA COMISAR, PR** **3/28/06** **561-488-1517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #