

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000088182

1. Entity Name
TEAM CARRIER, CORP



Principal Place of Business
9591 FOUNTAINEBLEAU BLVD.
APT 423
MIAMI, FL 33172 US

Mailing Address
9591 FOUNTAINEBLEAU BLVD.
APT 423
MIAMI, FL 33172 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4576837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, YESENIA
9591 FOUNTAINEBLEAU BLVD.
APT 423
MIAMI, FL 33172

**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 _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000756494
05/23/07-80033-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LA CRUZ, YESENIA
STREET ADDRESS	9591 FOUNTAINEBLEAU BLVD. APT 423
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VP
NAME	HERNANDEZ, ERNESTO
STREET ADDRESS	9591 FOUNTAINEBLEAU BLVD. APT 423
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 fees employed.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2007

Date

305-726-1892

Daytime Phone #