


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90027 030 \*\*\*150.00

|                                       |  |   |
|---------------------------------------|--|---|
| DOCUMENT # P05000111247               |  |  |
| 1. Entity Name<br>CAROL CUISINE, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>P O BOX 522393<br>MIAMI, FL 33152 | Mailing Address<br>P O BOX 522393<br>MIAMI, FL 33152 |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent  |  |
| CAROL, OSCAR<br><del>3502 TORREMOLINOS AVE</del> 1865 Brickell Ave Apt 1511<br><del>MIAMI, FL 33178</del> m7a - FL 33129 |  |

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<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

|  |  |
|--|--|
| 10. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAROL, OSCAR A<br><del>3502 TORREMOLINOS AVE</del> 1865 Brickell Ave Apt 1511<br><del>MIAMI, FL 33178</del> 33129 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.

|  |  |               |                 |
|--|--|---------------|-----------------|
| SIGNATURE:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date: 2/19/07 | Daytime Phone # |
|--|--|---------------|-----------------|



02122007 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-3288310   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |                               |

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