


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90061 011 ***150.00

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1. Entity Name
CARLDIP MANAGEMENT CORP.



Principal Place of Business 14561 SW 97TH ST MIAMI, FL 33186	Mailing Address 14561 SW 97TH ST MIAMI, FL 33186 69
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4001000



2. Principal Place of Business - No P.O. Box # 5801 NW 151 ST.	3. Mailing Address 5801 NW 151 ST.
Suite, Apt. #, etc. Suite 304	Suite, Apt. #, etc. Suite 304

01252008 Chg-P CR2E034 (12/06)

City & State Miami Lakes, FL	City & State Miami Lakes, FL	4. FEI Number 20-3931376	Applied For <input type="checkbox"/> Not Applicable
Zip 33014	Country USA	Zip 33014	Country USA

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

6. Name and Address of Current Registered Agent

CRUZ, CARLOS M
14561 SW 97TH ST
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> Delete
NAME CRUZ, CARLOS M	
STREET ADDRESS 14561 SW 97TH ST	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE VP	<input type="checkbox"/> Delete
NAME CRUZ, DIVINIA A	
STREET ADDRESS 14561 SW 97TH ST	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE S	<input type="checkbox"/> Delete
NAME CRUZ, PIERRE A	
STREET ADDRESS 14561 SW 97TH ST	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **CARLOS M. CRUZ** **Jan. 31, 2008** **786-251-9510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #