

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P 06000000 986**



FILED

07 MAY -7 AM 8:24

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Entity Name

Carmaxel Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business - No P.O. Box #

2247 Pembroke Road

3. Mailing Address

2247 Pembroke Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007

Chg-P

CR2E034 (12/06)

City & State

Hollywood Florida

City & State

Hollywood Florida

4. FEI Number

20-4054132

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, RAFAEL J
622 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **Camilo Ramos**
STREET ADDRESS **3400 N.E. 192 Street apt 2009**
CITY-ST-ZIP **AVENUE FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/01/07 (786) 395-5592

Daytime Phone #