

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083818

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: CARRELI ENTERPRISE, INC.

**Current Principal Place of Business:**

5197 NW 15TH ST  
SUITE 211  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5197 NW 15TH ST  
SUITE 211  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-8288835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARRIERE, FRANK  
6600 NW 21ST STREET  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARRIERE, FRANK  
Address: 5197 NW 15TH STREET, SUITE 211  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: CARRIERE, MARIA 1  
Address: 5197 NW 15TH STREET, SUITE 211  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CARRIERE

P

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date