

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000083818

**FILED**  
**Feb 26, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK CARRIERE

P

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date