

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21364

FILED
Feb 13, 2004
Secretary of State

Entity Name: CARLSEN & CO. INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD. #950
CORAL GABLES, FL 331345218 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD. #950
CORAL GABLES, FL 331345218 US

New Mailing Address:

FEI Number: 65-0067725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODIN, PAUL DAVID
2121 PONCE DE LEON BLVD., #950
CORAL GABLES, FL 331345218 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: PSD () Delete
Name: BODIN, PAUL D
Address: 2121 PONCE DE LEON BLVD #950
City-St-Zip: CORAL GABLES, FL 33134

Title: DV () Delete
Name: GRAHAM, BERNARD F
Address: 2121 PONCE DE LEON BLVD 3950
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: ARISS, MIKE M
Address: 889 WEST 49TH STREET
City-St-Zip: MIAMI, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: GRAHAM, BERNARD F
Address: 2121 PONCE DE LEON BLVD #950
City-St-Zip: CORAL GABLES, FL 33134

Title: V (X) Change () Addition
Name: ARISS, MIKE M
Address: 2121 PONCE DE LEON BLVD #950
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Change (X) Addition
Name: LOPEZ, VICENTE
Address: 2121 PONCE DE LEON BLVD #950
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL DAVID BODIN

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02/13/2004

Electronic Signature of Signing Officer or Director

_____ Date