

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90180 007 ***150.00

DOCUMENT # P92000001379

1. Entity Name
CARRIAGE CLUB REALTY, INC.



Principal Place of Business
**5005 COLLINS AVENUE
MIAMI BEACH, FL 33140**

Mailing Address
**5005 COLLINS AVENUE
MIAMI BEACH, FL 33140**

14020194



2. Principal Place of Business
6652 E. Calumet Cir

3. Mailing Address
6652 E. Calumet Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State
Lakewood, FL

City & State
Lakewood, FL

4. FEI Number
65-0365326

Applied For
Not Applicable

Zip
33467

Country

Zip
33467

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZARETSKY, LOUIS D
555 NE 15TH STREET
SUITE 100
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name
DAVID H. STAPLES
Street Address (P.O. Box Number is Not Acceptable)
6652 E. CALUMET CIR
City
LAKEWORTH FL Zip Code
33467

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: *David Staples* **DAVID H. STAPLES - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
STAPLES, DAVID H
5005 COLLINS AVENUE PH 6
MIAMI BEACH, FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**6652 E. CALUMET CIR
LAKEWORTH, FL 33467** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *David Staples*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/29/04**
Daytime Phone #