## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084153

Entity Name: CARADEL VENTURES INC.

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11865 S.W. 26TH ST. 13220 SW 132AVE SUITE B-14 UNIT 2

MIAMI, FL 33175 MIAMI, FL 33186

**New Mailing Address: Current Mailing Address:** 

11865 S.W. 26TH ST. 13220 SW 132AVE SUITE B-14 UNIT 2

MIAMI, FL 33175 MIAMI, FL 33186

FEI Number: 65-0463639 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

QUESADA, G F PERNAS, DELFIN 1313 PONCE DE LEON BLVD. 13220 SW 132AVE UNIT 2 SUITE 200 CORAL GABLES, FL 33134 US MIAMI, FL 33186 US

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: DELFIN PERNAS 03/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete PERNAS, CARLOS PERNAS, CARLOS Name: Name: 13220 SW 132 AVE, UNIT 2 11865 S.W. 26ST, STE B-14 Address: Address:

City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33186

( ) Delete Title: **VPS** Title: **VPS** (X) Change ( ) Addition PERNAS, DELFIN Name: PERNAS, DELFIN Name:

11865 S.W. 26ST, STE B-14 Address: Address:

13220 SW 132 AVE, UNIT 2 MIAMI, FL 33175 MIAMI, FL 33186 City-St-Zip: 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: DELFIN PERNAS PD 03/24/2009