

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000039385

1. Entity Name
CARLA INFANTE, INC.



Principal Place of Business

1881 NE 26TH ST.
STE #60 BOX A-7
WILTON MANORS, FL 33305 US

Mailing Address

1881 NE 26TH ST.
STE #60 BOX A-7
WILTON MANORS, FL 33305 US



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0493884 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

INFANTE, CARLA
1881 NE 26TH ST.
STE 60
WILTON MANORS, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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 _____
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	D
NAME	INFANTE, CARLA
STREET ADDRESS	2533 NE 27TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33305

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

000000020758
01/29/04-80080-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not indicate on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute or change, or on an attachment with an address, with all other like information for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information on that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 954-846-9854