

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044600

Entity Name: CAROD I, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

8530 SOUTHWEST 57 AVENUE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8530 SOUTHWEST 57 AVENUE
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0498247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDELSTAM, RODNEY
8530 SW 57TH AVE
SOUTH MIAMI, FL 33143 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: VP () Delete
Name: MANDELSTAM, CAROL
Address: 8530 SOUTHWEST 57 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: P () Delete
Name: MANDELSTAM, RODNEY
Address: 8530 SOUTHWEST 57 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: S () Delete
Name: CAMACHO, DEEN
Address: 8530 SOUTHWEST 57 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T () Delete
Name: MANDELSTAM, DEON
Address: 8530 SOUTHWEST 57 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: CAMACHO, JAMES
Address: 8530 SOUTHWEST 57 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: SOUSA, ALLEN
Address: 8530 SOUTHWEST 57 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: CAROL MANDELSTAM

VP

01/08/2009

Electronic Signature of Signing Officer or Director

Date