

FILED
Mar 20, 2006 08:00 AM
Secretary of State

CARANT, INC.

— Mailing Address

LAKE WORTH
717 LAKE AVE
LAKE WORTH FL 33460

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applied

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add Item
NAME U00000473857
STREET ADDRESS 04/03/06-80001-015 150.00
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE ☐ Change ☐ Add ADD NEW
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add new
 NAME
 STREET ADDRESS
 CNTY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add New
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of this report.

SIGNATURE:

(110) GILBERT CELA PRESIDENT 03/16/06 561 582 7666