2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000008498

1. Entity Name
CAREL WORLDWIDE HOLDING COMPANY

Principal Place of Business	Mailing Address
922 LINCOLN RD.	922 LINCOLN RD.
MIAMI, FL 33174	MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

01142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0559217	Not Applicable

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

6. Name and Address of Current Registered Agent

KOULICHE, MICHEL
928 LINCOLN ROAD
MIAMI BEACH, FL 33139

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, 2005 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	KOULICHE, MICHEL	
STREET ADDRESS	922 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

II00000183640
01/19/05-80076-011 150.00

DO NOT WRITE
IN THIS SPACE

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: _____ MICHEL KOULICHE   1/14/05   (305)534 4384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #