


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90093 005 \*\*\*150.00

<b>DOCUMENT # P95000016709</b>							
1. Entity Name CARFEEL PROPS, INC.							
Principal Place of Business 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166			Mailing Address 5220 N.W. 72ND AVE., UNIT 25 MIAMI, FL 33166				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0580273			
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01202007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KOLSKI, JR STEPHEN J CATLIN, SAXON, TUTTLE AND EVANS, PA 2600 DOUGLAS ROAD, SUITE 1109 MIAMI, FL 33134			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DE FLORIDO, MARIA C		NAME				
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	UPD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE PIOVESAN, MARIA T		NAME	DE PIOVESAN, MARIA T			
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25		STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25			
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI, FL 33166			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE HIDALGO, ROSANA V		NAME				
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUAREZ, JENNY E		NAME				
STREET ADDRESS	5220 NW 72ND AVENUE, UNIT 25		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILASECA, JUAN G		NAME				
STREET ADDRESS	5220 NW 72ND AVE, UNIT 25		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jenny Elizabeth Suarez</i>		JENNY E. SUAREZ		04-12-07 (305) 593-0669			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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