

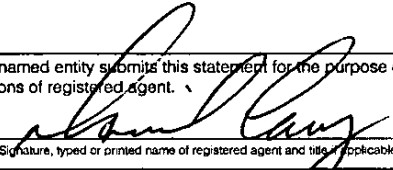
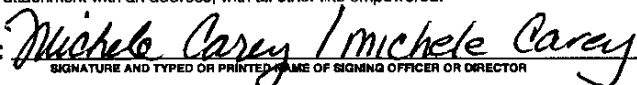


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90195 023 ***150.00

DOCUMENT # P96000017836 1. Entity Name CAREY ELEVATOR, INC.					
Principal Place of Business 6700 GRIFFIN ROAD DAVIE, FL 33314 US			Mailing Address 6700 GRIFFIN ROAD DAVIE, FL 33314 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			04272005 Chg-P CR2E034 (10/03)		
			4. FEI Number 65-0641392		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAREY, DANIEL L 1602 S.W. 159TH AVENUE DAVIE, FL 33326				7. Name and Address of New Registered Agent 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: 		DANIEL CAREY		4/27/05	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X DUP <input type="checkbox"/> Delete CAREY, DANIEL 6700 GRIFFIN ROAD DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAREY, MICHELE 6700 GRIFFIN ROAD ST J DAVIE FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <input type="checkbox"/> Delete V MIQUEIRO, DANIEL 6700 GRIFFIN ROAD DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / V. P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAREY, DANIEL 6700 GRIFFIN ROAD, ST. J DAVIE FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X DP <input type="checkbox"/> Delete CAREY, MICHELLE 6700 GRIFFIN ROAD DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		MICHELE CAREY		4/27/05 9543160304	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	