## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000058505**

1. Entity Name

CARRASCO MANAGEMENT, INC.



Principal Place of Business

3906 W 12 AVENUE HIALEAH, FL 33012 US Mailing Address

3906 W. 12 AVE HIALEAH, FL 33012 US

## **FILED** Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90377 039 \*\*\*158.75

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0683339

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRASCO, ANGEL J 2829 INDIAN CREEK DR #307

MIAMI BEACH, FL 33140

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| 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 it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

| After Ma                                       | ey 1, 2006 Fee will be \$550.00  | Trust Fund Contribution. |  |
|--|--|--------------------------|--|
| 10.  | OFFICERS AND DIREC   | CTORS                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CARRASCO, ANGEL J<br>2829 INDIAN CREEK DR #307<br>MIAMI BEACH, FL 33140 |                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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          |  |                          |  |

DO NOT WRITE IN THIS SPACE

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 address, with all other like empowered.

SIGNATURE: