

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000094560

1. Entity Name
CARLISLE PROPERTY MANAGEMENT, INC.



Principal Place of Business
**2950 SW 27TH AVE., #200
COCONUT GROVE, FL 33133 US**

Mailing Address
**2950 SW 27TH AVE., #200
#303
COCONUT GROVE, FL 33133 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGGIO, LLOYD J.
2937 SW 27TH AVE
#303
COCONUT GROVE, FL 33133**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOGGIO, LLOYD J
2937 SW 27TH AVE, #303
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREER, BRUCE W
2937 SW 27TH AVE #303
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GONZALEZ, LUIS
2937 SW 27TH AVE #303
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

U000000398686
01/31/06-80007-023 158.75

**DO NOT WRITE
IN THIS SPACE**

I 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 in 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if applicable in attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

(305) 476-8118

Date

Daytime Phone #