

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000045421

1. Entity Name
CAROLMART STORES, INC.



Principal Place of Business
**18200 NORTHWEST 27TH AVENUE
SOUTH EXECUTIVE OFFICE SUITE 101
MIAMI FL 33056**

Mailing Address
**18200 NORTHWEST 27TH AVENUE
SOUTH EXECUTIVE OFFICE SUITE 101
MIAMI FL 33056**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0755012**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OH, KWAN
18200 N.W. 27TH AVENUE
MIAMI FL 33056**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OH, KWAN S
STREET ADDRESS 18200 NORTHWEST 27TH AVENUE
CITY- ST- ZIP MIAMI FL 33056

☐ Change ☐ Addition
U000000691132
04/12/07-80018-017 150.00

TITLE GM ☐ Delete
NAME LAING, JON
STREET ADDRESS 18200 NORTHWEST 27TH AVENUE
CITY- ST- ZIP MIAMI FL 33056

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME OH, DUK S
STREET ADDRESS 18200 NORTHWEST 27TH AVENUE
CITY- ST- ZIP MIAMI FL 33056

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kusanok

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-01-07

(305) 624-1756