## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000049941

**Entity Name:** CARMEL COMMERCIAL GROUP, INC.

**FILED** Apr 29, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

3250 MARY ST SUITE 500 3250 MARY STREET COCONUT GROVE, FL 33133

SUITE #500

COCONUT GROVE, FL 33133

**Current Mailing Address:** New Mailing Address:

3250 MARY ST SUITE 500 3250 MARY STREET COCONUT GROVE, FL 33133

SUITE #500

COCONUT GROVE, FL 33133

FEI Number: 65-0778367 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARCUS, STEWART MARCUS, STEWART 3225 AVIATION AVE 3250 MARY STREET

SUITE #500 STE 700

COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 US

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.

SIGNATURE: STEWART MARCUS 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

Title:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MARCUS, STEWART MARCUS, STEWART Name:

Name: 3250 MARY ST SUITE 500 3250 MARY STREET SUITE #500 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133

Title: Title: (X) Change ( ) Addition () Delete Name: SCHACKLETON, NICHOLAS J Name: SHACKLETON, NICHOLAS J 3250 MARY ST SUITE 500 3250 MARY STREET SUITE #500 Address: Address: COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

Title: ( ) Change (X) Addition Title: () Delete

Name: MARCUS, JANE S Name:

3250 MARY STREET SUITE #500 Address Address: City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: STEWART MARCUS 04/29/2005