

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000067938**

1. Entity Name  
**CARLISLE BUILDERS, INC.**



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

Mailing Address  
**2950 SW 27 AVE, SUITE 200  
COCONUT GROVE, FL 33133 US**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0772571** ☒ 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 AVENUE  
S-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

**000000423991  
02/18/06-80031-023 158.75**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GREER, BRUCE  
2937 S.W. 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  
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 an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(-3405 1305) 416-7817**