



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000067938</b> 1. Entity Name <b>CARLISLE BUILDERS, INC.</b>	
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Principal Place of Business <b>2950 SW 27 AVE, SUITE 200 COCONUT GROVE, FL 33133 US</b>	Mailing Address <b>2950 SW 27 AVE, SUITE 200 COCONUT GROVE, FL 33133 US</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0772571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOGGIO, LLOYD J.  
2937 SW 27TH AVENUE  
S-303  
COCONUT GROVE, FL 33133**

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.

**Lloyd J. Boggio**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature of the registered agent, and if not applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

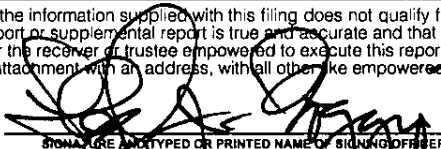
**U000000747632**  
**05/17/07-80031-023 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONZALEZ, LUIS 2937 S.W. 27TH AVE #303 COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOGGIO, LLOYD 2937 SW 27TH AVE #303 COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREER, BRUCE 2937 S.W. 27TH AVE #303 COCONUT GROVE, FL 33133</b>
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 all other like empowered.

**SIGNATURE:  Lloyd J. Boggio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_