

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | |
|---|--|---------------------------------|---|---------------------------------------|--|
| DOCUMENT # P97000082691 | | | | | |
| 1. Entity Name LOUISVILLE MIAMI CORPORATION | | | | | |
| Principal Place of Business 8770 SUNSET DRIVE 531 MIAMI, FL 33173 | | | Mailing Address 8770 SUNSET DRIVE 531 MIAMI, FL 33173 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0924738 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CARRICARTE, MICHAEL A 8770 SUNSET DRIVE 531 MIAMI, FL 33173 | | | Name <u>Louis M. Carricarte</u> Street Address (P.O. Box Number is Not Acceptable) <u>8770 Sunset Drive</u> <u>531</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33173</u> | | |
| 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 <u>[Signature]</u> <u>Louis M. Carricarte, PO</u> | | | DATE <u>10/18/07</u> | | |
| Amended AR is \$61.25 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARRICARTE, LOUIS M 8770 SUNSET DRIVE 531 MIAMI, FL 33173 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRICARTE, MICHAEL A 8770 SUNSET DRIVE 531 MIAMI, FL 33173 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CARRICARTE, JENNIFER 8770 SUNSET DRIVE 531 MAIMI, FL 33173 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u>[Signature]</u> <u>Louis M. Carricarte, PO</u> | | | DATE <u>10/18/07</u> | | |

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CLERK OF STATE
TALLAHASSEE, FLORIDA



10132007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0924738

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

Name Louis M. Carricarte
 Street Address (P.O. Box Number is Not Acceptable) 8770 Sunset Drive
531
 City Miami FL Zip Code 33173

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] Louis M. Carricarte, PO DATE 10/18/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CARRICARTE, LOUIS M
8770 SUNSET DRIVE 531
MIAMI, FL 33173

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CARRICARTE, MICHAEL A
8770 SUNSET DRIVE 531
MIAMI, FL 33173

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TITLE
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CITY-ST-ZIP

DS
CARRICARTE, JENNIFER
8770 SUNSET DRIVE 531
MAIMI, FL 33173

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☐ Change ☐ Addition

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☐ Change ☐ Addition

PO 11/27

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SIGNATURE: [Signature] Louis M. Carricarte, PO DATE 10/18/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR