

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000012859

1: Entity Name

THE CARLISLE GROUP, INC.



FILED

04 APR -7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2937 S.W. 27 AVENUE
SUITE 303
COCONUT GROVE FL 33133

Mailing Address

2937 S.W. 27 AVENUE
SUITE 303
COCONUT GROVE FL 33133

2. Principal Place of Business

2950 S.W. 27th Ave

Suite, Apt. #, etc.

200

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Address

2950 S.W. 27th Ave

Suite, Apt. #, etc.

200

City & State

Miami, Florida

Zip

33133

Country

USA



MOORE

CR2E034 (11/03)

MRS

4. FEI Number

65-0837513

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 S.W. 27 AVENUE
SUITE 303
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: Boggio, Lloyd J.
Street Address (P.O. Box Number is Not Acceptable):
2950 SW 27 Avenue
Suite 200
City: Miami FL Zip Code: 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.

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GREER, BRUCE W	
STREET ADDRESS	2400 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGGIO, LLOYD J	
STREET ADDRESS	2937 S.W. 27 AVENUE SUITE 303	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, LUIS	
STREET ADDRESS	2937 S.W. 27 AVENUE SUITE 303	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800033227758
CITY-ST-ZIP	04/21/04--01011--028 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

4/6/04 305-476-8118