

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P98000012859**

1. Entity Name  
**THE CARLISLE GROUP, INC.**



Principal Place of Business

2950 S W 27TH AVE  
200  
MIAMI, FL 33133

Mailing Address

2950 S W 27TH AVE  
200  
MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0837513	Applied For 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  
2950 SW 27 AVENUE  
SUITE 200  
MIAMI, 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]*

**Lloyd J. Boggio**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$450.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000747132  
05/17/07-80010-017 150.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREER, BRUCE W
STREET ADDRESS	2400 S. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	BOGGIO, LLOYD J
STREET ADDRESS	2937 S.W. 27 AVENUE SUITE 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	GONZALEZ, LUIS
STREET ADDRESS	2937 S.W. 27 AVENUE SUITE 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lloyd J. Boggio**

Date

Daytime Phone #