

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000020922

1. Entity Name
CARINTHIA CAPITAL CORPORATION



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90440 040 ***150.00

Principal Place of Business
1400 ALABAMA AVE
SUITE 7
PALM BEACH, FL 33401 US

Mailing Address
1400 ALABAMA AVE
SUITE 7
PALM BEACH, FL 33401 US

2. Principal Place of Business
1400 ALABAMA AVE
Suite, Apt. #, etc.
SUITE 7
City & State
WEST PALM BEACH, FL

3. Mailing Address
1400 ALABAMA AVE
Suite, Apt. #, etc.
SUITE 7
City & State
WEST PALM BEACH, FL

Zip
33401
Country
USA

Zip
33401
Country
USA

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0817114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, HECTOR A
1400 ALABAMA AVE
STE 7
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Hector Cortes - Director*
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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, HECTOR A 400 ALABAMA AVENUE, SUITE 7 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Hector Cortes* - April 22, 2004 - 561-833-4099
Signature and typed or printed name of signing officer or director Date Daytime Phone #