

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90440 040 ***150.00

DOCUMENT # P98000020922

1. Entity Name
CARINTHIA CAPITAL CORPORATION



Principal Place of Business Mailing Address

1400 ALABAMA AVE **1400 ALABAMA AVE**
SUITE 7 **SUITE 7**
PALM BEACH, FL 33401 US **PALM BEACH, FL 33401 US**

2. Principal Place of Business 3. Mailing Address

1400 ALABAMA AVE *1400 ALABAMA AVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 7 *SUITE 7*
 City & State City & State
WEST PALM BEACH, FL *WEST PALM BEACH, FL*
 Zip Country Zip Country
33401 *USA* *33401* *USA*



04222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0817114 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* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> 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* Date *Apr 22, 2004* Daytime Phone # *561-833-4099*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR