


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P98000057084 <b>1. Entity Name</b> CARE BEAR TRANSPORT & MOVING INC.	
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<b>Principal Place of Business</b> 4161 NW 43RD STREET COCONUT CREEK, FL 33073	<b>Mailing Address</b> 4161 NW 43RD STREET COCONUT CREEK, FL 33073
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**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CRZE034 (11/05)

**4. FEI Number**  
65-0698837

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PIZZARELLO, ELIZABETH  
4161 NW 43RD STREET  
COCONUT CREEK, FL 33073

**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, 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, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	PIZZARELLO, ELIZABETH
<b>STREET ADDRESS</b>	4161 NW 43RD STREET
<b>CITY-ST-ZIP</b>	COCONUT CREEK, FL 33073
<b>TITLE</b>	VP
<b>NAME</b>	BOIVIN, BILL
<b>STREET ADDRESS</b>	4161 NW 43RD STREET
<b>CITY-ST-ZIP</b>	COCONUT CREEK, FL 33073
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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02/15/06-80006-014 150.00

**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:** Elizabeth Pizzarello President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 954-984-8302  
Date Daytime Phone #