
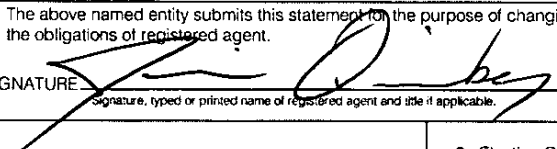
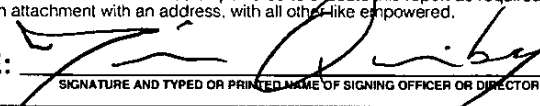


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUN 22 AM 9:41

DOCUMENT # P98000057777 1. Entity Name CARINI OF CENTRAL FLORIDA, INC.					
Principal Place of Business 3138 N. WOODLAND BLVD DELAND, FL 32120 US			Mailing Address 3138 N. WOODLAND BLVD DELAND, FL 32120 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3524882	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CENSOPLANO, FRANCESCO 5840 WEST STREET DE LEON SPRINGS, FL 32130			7. Name and Address of New Registered Agent Name Jasin Daniel Quimby Street Address (P.O. Box Number is Not Acceptable) 1060 S. Ridgewood Avenue City DeLand FL Zip Code 32724		
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  DATE 6/20/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CENSOPLANO, FRANCESCO 5840 WEST STREET DE LEON SPRINGS, FL 32130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Secretary Jasin Daniel Quimby 1060 S. Ridgewood Avenue DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CENSOPLANO, LUIGI 200 YORKVILLE PL DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	<div style="text-align: center;"> 200056600612 06/20/05 01014 009 *** 20.00 </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			6/20/05 386-736-0145		Date Daytime Phone #