

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000053435

1. Entity Name
CAROLCO, INC.



FILED
Apr 09, 2005 08:00 AM
Secretary of State

Principal Place of Business
7700 N. KENDALL DRIVE
SUITE 405
MIAMI, FL 33156

Mailing Address
7700 N. KENDALL DRIVE
SUITE 405
MIAMI, FL 33156



01062005 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928670

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N. KENDALL DRIVE
SUITE 405
MIAMI, FL 33156

**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, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOSEPH, CAROL
STREET ADDRESS 1810 NE 190 TERR.
CITY-ST-ZIP N. MIAMI BEACH, FL 33179

TITLE VPD
NAME JOSEPH, IRVIN
STREET ADDRESS 1810 NE 190 TERR.
CITY-ST-ZIP N. MIAMI BEACH, FL 33179

TITLE SD
NAME LEITMAN, LORN
STREET ADDRESS 791 CRANDON BLVD. #907
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000295136
04/09/05-80015-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

Date

Daytime Phone #

3/22/2005

3052798943