

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90016 017 \*\*\*150.00

**DOCUMENT # P99000053435**

1. Entity Name  
**CAROLCO, INC.**



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

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

00010004



01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**8660 W. FLAGLER ST  
Suite, Apt. #, etc.  
#200**

3. Mailing Address  
**8660 W. FLAGLER ST  
Suite, Apt. #, etc.  
#200**

City & State  
**MIAMI FL**  
Zip  
**33144**  
Country  
**USA**

City & State  
**MIAMI FL**  
Zip  
**33144**  
Country  
**USA**

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**

7. Name and Address of New Registered Agent  
Name  
**LORN LEITMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**8660 W. FLAGLER ST, #200**  
City  
**MIAMI** FL Zip Code  
**33144**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PD JOSEPH, CAROL 1810 NE 190 TERR. N. MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOSEPH, IRVIN 1810 NE 190 TERR. N. MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEITMAN, LORN 791 CRANDON BLVD. #907 KEY BISCAYNE, FL 33149 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>791 CRANDON BLVD, #1508</b>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorn Leitman (Lorn Leitman) sec 1/3/106 205-222-5126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #