

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90043 010 ***150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000073446 1. Entity Name CARMOR INVESTMENTS, INC.			
Principal Place of Business 2151 LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134		Mailing Address 2151 LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134	
2. Principal Place of Business 2655 Lejeune Road Suite, Apt. #, etc. PH-2C		3. Mailing Address 2655 Lejeune Road Suite, Apt. #, etc. PH-2C	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Zip 33134	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0963488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOTO, OSVALDO N 2151 LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Soto, Osvaldo N. Street Address (P.O. Box Number is Not Acceptable) 2655 Lejeune Road PH-2C City Coral Gables FL Zip Code 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 PD <input type="checkbox"/> Delete NAME MORENO, CARLOS STREET ADDRESS 2151 LE JEUNE RD CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Moreno Carlos STREET ADDRESS 2655 Lejeune Road CITY-ST-ZIP CORAL GABLES, FL 33134		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/22/05 <small>Date</small>	
<small>Daytime Phone #</small>			