

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000093335

1. Entity Name
CARMEL INVESTMENTS AND DEVELOPMENT, INC.



Principal Place of Business
**14220 S.W. 136TH STREET
#J
MIAMI, FL 33186**

Mailing Address
**14220 S.W. 136TH STREET
#J
MIAMI, FL 33186**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0964655** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, CARMELO A
14220 S.W. 136TH STREET
#J
MIAMI, FL 33186**

**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 re-registering)

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
**PCS
GONZALEZ, CARMELO A
14220 S.W. 136TH STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GONZALEZ, DANA LYNN
14220 S.W. 136TH STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GALVEZ, MIRIAM
14220 S.W. 136TH STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GARCIA, LISSETTE M
14220 S.W. 136TH STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GONZALEZ, CHRISTOPHER W
14220 S.W. 136TH STREET
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GONZALEZ, CARMELO V
14220 S.W. 136 STREET
MIAMI, FL 33186**

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04/25/06 00089-022 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-06

Date

Daytime Phone #