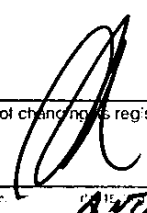
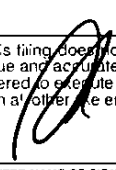


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90030 001 ***150.00

DOCUMENT # P99000094582 1. Entity Name CARNINI PROPERTIES, INC.					
Principal Place of Business 242 N.W. 12TH AVE. MIAMI, FL 33128			Mailing Address 242 N.W. 12TH AVE. MIAMI, FL 33128		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0959823	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CARBONE, ANTHONY 542 NW 12 AVE MIAMI, FL 33136				7. Name and Address of New Registered Agent Name ANTHONY CARBONE Street Address (P.O. Box/Number is Not Acceptable) 242 NW 12 AVE City MIAMI FL 33128	
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:  ANTHONY CARBONE DATE: 4/4/06					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PS CARBONE, ANTHONY 542 NW 12 AVE MIAMI, FL 33136	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	ANTHONY CARBONE 242 NW 12 AVE MIAMI FL 33128
TITLE NAME STREET ADDRESS CITY ST ZIP	VT CARBONE, SUSAN 542 NW 12 AVE MIAMI, FL 33136	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	ANTHONY CARBONE 242 NW 12 AVE MIAMI FL - 33128
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	
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 fee empowered.					
SIGNATURE:  ANTHONY CARBONE DATE: 4/4/06					