

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 16, 2006 8:00 am
Secretary of State

05-11-2006 90240 039 ***150.00

DOCUMENT # S03007 1. Entity Name CAROL FOLEY ENTERPRISES, INC.		
Principal Place of Business 4233 GRIFFIN RD 9081 SW 55 CT COOPER CITY, FL 33314 US	Mailing Address 4233 GRIFFIN RD FT LAUDERDALE, FL 33314 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOLEY, CAROL 9081 SW 55 CT COOPER CITY, FL 33328		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: <u><i>Carol A. Foley</i></u> 4/27/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)		
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	D FOLEY, CAROL 9081 SW 55 CT COOPER CITY, FL	
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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: <u><i>Carol A. Foley</i></u> <u><i>Carol A. Foley</i></u> 6/12/06 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR <i>President / Director</i>		

66013334



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0219801	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**