


**2007 FOD ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S78525**  
 1. Entity Name  
**CAROL INTERNATIONAL CORPORATION**



Principal Place of Business 5180 NW 7 STREET APT 828 MIAMI, FL 33126	Mailing Address 5180 NW 7 STREET APT 828 MIAMI, FL 33126
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0294253	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAREDES, NORBERTO**  
 5180 NW 7 STREET  
 APT #601  
 MIAMI, FL 33126

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALERO, JULIA C C/ LERIDA-8, PORTAL 1 MADRID, SPAIN 28020,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORALES, JUAN M C/ LERIDA-8, PORTAL 1 MADRID, SPAIN 28020,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALERO, LAURA C/ LERIDA-8, PORTAL 1 MADRID, SPAIN 28020,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALERO, ANA M C/ LERIDA-8, PORTAL 1 MADRID, SPAIN 28020,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RODRIGUEZ-COMELLA, JUAN I 9901 SW 45 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000586696  
 01/17/07-80003-011 158.75  
**DO NOT WRITE 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: JUAN I. RODRIGUEZ-COMELLA 01/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 444-4587