

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90059 008 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0294253	
6. Name and Address of Current Registered Agent PAREDES, NORBERTO 5180 NW 7 STREET APT #601 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name PAREDES, MARY Street Address (P.O. Box Number is Not Acceptable) 5180 NW 7TH STREET, APT 601 City MIAMI FL Zip Code 33126	
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 <i>Mary Paredes</i> MARY PAREDES DATE 04/08/08 <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, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALERO, JULIA C		NAME		
STREET ADDRESS	C/ LERIDA-8, PORTAL 1		STREET ADDRESS		
CITY-ST-ZIP	MADRID, SPAIN 28020,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORALES, JUAN M		NAME		
STREET ADDRESS	C/ LERIDA-8, PORTAL 1		STREET ADDRESS		
CITY-ST-ZIP	MADRID, SPAIN 28020,		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALERO, LAURA		NAME		
STREET ADDRESS	C/ LERIDA-8, PORTAL 1		STREET ADDRESS		
CITY-ST-ZIP	MADRID, SPAIN 28020,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALERO, ANA M		NAME		
STREET ADDRESS	C/ LERIDA-8, PORTAL 1		STREET ADDRESS		
CITY-ST-ZIP	MADRID, SPAIN 28020,		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ-COMELLA, JUAN I		NAME		
STREET ADDRESS	9901 SW 45 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, trustee, or assignee 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 to this report, or otherwise lawfully empowered.					
SIGNATURE: JUAN I. RODRIGUEZ-COMELLA, C.E.O.			Date: 04/08/08		Daytime Phone #: 305 444-4587
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

400000JJ



04082008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0294253** Applied For Not Applicable

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