

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 14, 2005 8:00 am
Secretary of State**

01-14-2005 90009 030 ***150.00

DOCUMENT # V19714

1. Entity Name
CARWAL OF ORLANDO, INC.



Principal Place of Business
8810 REPARTO DR
ORLANDO, FL 32825

Mailing Address

8810 REPARTO DR
ORLANDO, FL 32825

2. Principal Place of Business

3. Mailing Address

50002671

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3114919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERETTA, WALTER L.
8810 REPARTO DR
ORLANDO, FL 32825

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 DP Delete
NAME BERETTA, WALTER L.
STREET ADDRESS 8810 REPARTO DR
CITY-ST-ZIP ORLANDO, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP Delete
NAME ILEANA A. BERETTA
STREET ADDRESS 8810 REPARTO DRIVE
CITY-ST-ZIP ORLANDO, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS Delete
NAME CARMEN M. BERETTA
STREET ADDRESS 8810 REPARTO DRIVE
CITY-ST-ZIP ORLANDO, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter Beretta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 407-273-2009
Date Daytime Phone #