

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000011243

1. Entity Name
CARBO PETROLEUM TRANSPORT, INC.



FILED
05 APR 11 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2221 COLUMBIA
WESTON, FL 33326

Mailing Address
2221 COLUMBIA
WESTON, FL 33326



2. Principal Place of Business
Florida

3. Mailing Address
1121 SW 22 Terr

Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale Fla

City & State
Fort Lauderdale Fla

Zip
33315

Country
Broward

4. FEI Number
65-0802406

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARBO, JOEL G
2221 COLUMBIA
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
Joel Garcia Carbo

Street Address (P.O. Box Number is Not Acceptable)
1121 SW 22 Terr

City
Fort Lauderdale Fla

FL Zip Code
33312

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: *Joel G Carbo* (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 NAME STREET ADDRESS CITY-ST-ZIP	P CARBO, JOEL G 1121 SW 22 TERRACE FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054004370 05/06/05--01047--023 **158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel G Carbo* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: *4-9-05*

Daytime Phone #: *954-931-2041*