2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # 676512** CURBELO & SONS, INC. Mailing Address Principal Place of Business 8855 S.W. 27TH ST. 8855 S.W. 27TH ST. MIAMI, FL 33165 MIAMI, FL 33165 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2090259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CURBELO, CARIDAD DO NOT WRITE 8855 S.W. 27TH ST. MIAMI, FL 33165 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CURBELO, ROBERTO NAME STREET ADDRESS 8855 S.W. 27 STREET MIAMI, FL 33165 CITY-ST-ZIP TITLE STD CURBELO, CARIDAD U00000181788 01/19/05-80001-022 150.00 NAME STREET ADDRESS 8855 S.W. 27TH ST. CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: .

STREET ADDRESS CITY-SY-ZIP

> Inteste SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ⊭

FILED