


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K41433
 1. Entity Name
GUSTAVO J. CARBONELL ARCHITECT/PLANNER, P.A.



| | |
|--|--|
| Principal Place of Business 1457 N.E. 4TH AVENUE FT LAUDERDALE, FL 33304 US | Mailing Address 1457 N.E. 4TH AVENUE FT LAUDERDALE, FL 33304 US |
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DO NOT WRITE IN THIS SPACE



03122006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0081330 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent
**CARBONELL, GUSTAVO J PA
 1457 N.E. 4TH AVENUE
 FT LAUDERDALE, FL 33304**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

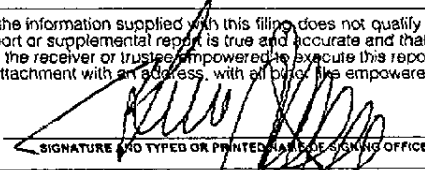
11000003474684
 04/04/06-80033-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CARBONELL, GUSTAVO J 1457 NE 4TH AVENUE FT LAUDERDALE, FL 33304 |
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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 bills, the empowered.

SIGNATURE:  DATE: **3-15-06** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR