


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90236 012 ***150.00

DOCUMENT # K88872 1. Entity Name CARBE ENTERPRISES, INC.					
Principal Place of Business 4870 REGENCY CT BOCA RATON, FL 33434			Mailing Address 4870 REGENCY CT BOCA RATON, FL 33434		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0126142	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESPANA, BERTHA 4870 REGENCY CT BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P ESPANA, CARLOS 18799 LONG LAKE DR. BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPANA, CARLOS 4870 Regency Ct Boca Raton, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ESPANA, BERTHA 18799 LONG LAKE DR. BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ESPANA, BERTHA 4870 Regency Ct. Boca Raton, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANO, PAQUITA 18799 LONG LAKE DR. BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANO, PAQUITA 4870 Regency Ct. Boca Raton, FL 33434	
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	
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	
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 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 other like empowered.					
SIGNATURE: <i>Bertha Espana</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-06 (561) 998-0934 <small>Date Daytime Phone #</small>		

ch/1417