
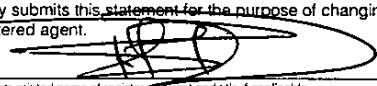
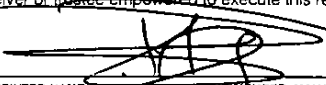


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90372 042 \*\*\*138.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L04000045082</b><br>1. Entity Name<br><b>CARBEL, LLC</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>1598 NORTHWEST 82 AVENUE<br/>MIAMI, FL 33126 US</b>  |  |  | Mailing Address<br><b>1598 NORTHWEST 82 AVENUE<br/>MIAMI, FL 33126 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 05212008    Chg-LLC    CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>20-1255261</b>   |  |  |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CARDELLE, DORIS E<br/>10264 SW 127TH CT<br/>MIAMI, FL 33186</b>   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Barbara Fernandez</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1598 NW 82 ave.</b><br>City <b>Doral</b> <b>FL</b> Zip Code <b>33126</b> |   |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  | DATE <b>5/21/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |  | <b>10. ADDITIONS / CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>TORRENS, FRANCISCO J<br/>1501 VICTORIA ISLE WAY<br/>WESTON, FL 33327</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |   |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | Date <b>5/21/08</b> Daytime Phone # <b>305 599 0832</b>   |   |  |