

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 31, 2004  
Secretary of State**

DOCUMENT# M08165

Entity Name: A.C. CARBONE, C.P.A., P.A.

**Current Principal Place of Business:**

6278 N FEDERAL HWY  
361  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N FEDERAL HWY  
361  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 59-2467767      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARBONE, ANGELO C.  
6278 N FEDERAL HWY #361  
FORT LAUDERDALE, FL 33308

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CARBONE, ANGELO C.,  
Address: 6278 N FEDERAL HWY #361  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO C. CARBONE

DP

08/31/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date