

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 049 ***150.00

DOCUMENT # P000000083406	
1. Entity Name CARBALLO ENTERPRISES, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5 ISLAND AVENUE Suite, Apt. #, etc. 9K City & State MIAMI BEACH FL Zip 33139 Country USA	3. Mailing Address 5 ISLAND AVENUE Suite, Apt. #, etc. 9K City & State MIAMI BEACH, FL. Zip 33139 Country USA
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4. FEI Number 65-1050828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name ARAZOZA & FERNANDEZ-FRAGA	
Street Address (P.O. Box Number is Not Acceptable) 2100 SALZEDO STREET, SUITE 300	
City CORAL GABLES, FL	Zip Code 33134

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 _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CARBALLO, ALBERTO 5 ISLAND AVENUE, # 9K MIAMI BEACH, FL. 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **ALBERTO CARBALLO** **04/30/03 305-695-2758**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #