
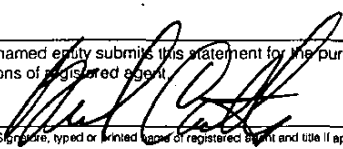
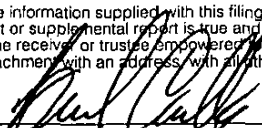


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90004 003 ***550.00

DOCUMENT # P01000093420 1. Entity Name CARBALLO CONSULTING, INC.					
Principal Place of Business 384 EAGLE DR JUPITER, FL 33477			Mailing Address 384 EAGLE DR JUPITER, FL 33477		
2. Principal Place of Business 129 COMMODORE DRIVE Suite, Apt. #, etc.			3. Mailing Address 7030 S. YALE Suite, Apt. #, etc. SUITE 300		
City & State JUPITER, FL			City & State TULSA, OK		
Zip 33477		Country USA		4. FEI Number 65-1147203	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZARETSKY, RICHARD P 1655 PALM BEACH LAKES BLVD STE 900 W PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name CARBALLO, BERNARD Street Address (P.O. Box Number is Not Acceptable) 129 COMMODORE DRIVE City JUPITER FL Zip Code 33477		
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 		BERNARD CARBALLO		8-8-05	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	D CARBALLO, BERNARD 384 EAGLE DR JUPITER, FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBALLO, BERNARD 129 COMMODORE DRIVE JUPITER, FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		BERNARD CARBALLO		8-8-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	