## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 19, 2007 08:00 Al

DOCUMENT # P03000023847  1. Entity Name CARABOBO ENTERPRISES, INC.				Secretary of Stat		
Principal Plac		lailing Address				
367 NE 167 MIAMI, FL 3		367 NE 167 STREET WIAMI, FL 33162				
			· · · · · · · · · · · ·			
DO NOT WRITE IN THIS SPA				01182007	No Chg-P C	R2E034 (11/05)
			CE	4. FEI Number		Applied For
				56-23208		Not Applicable \$8.75 Additional
				5. Certificate of S	Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
MARCHENA, GABRIEL J				DO N	OT WR	ITF
16410 MIAMI DRIVE #503 This is a second of the second of t			IN THIS SPACE			
14. MIMINI BENOV, I C 33302				INIT	115 SPA	CE
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	red office or registe	ered agent, or both, in	n the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, Oped or printed name of registered agent and its	il anolicable /NOTE Registers	ed Apprit signature require	Contratentes nadw by	<del></del>	OATE
	agracina, godo or presed same of degalarad agon and the	tion togeth				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution	noing \$5	5.00 May Be ded to Fees		
10.	ÖFFICERS AND DIRE	CTORS				
NAME	PD MARCHENA, GABRIEL J					
STREET ADDRESS	16410 MIAMI DRIVE #503					
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162					
TITLE	VMD				•	
NAME CYPTET ADDRESS	MARCHENA, JESUS		1		<u>ි</u>	669415
STREET ADDRESS CITY-ST-ZIP	16410 MIAMI DRIVE #503 N. MIAMI BEACH, FL 33162				03/27/07-	80072-003 150.0C
TITLE			1			
NAME			ł			
STREET ADDRESS	-			DO N	OT WR	ITE

12. Thereby 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:

CHY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS CITY-ST-ZIP

THE

ALSEES TANKE OF SIGNING OFFICER OR DIRECTOR

03/15/0

IN THIS SPACE