2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90526 048 ***150.00

DOCUMENT # P03000072656

1. Entity Name
CARBOSINTERMET ENGINEERING CORP.

DO NOT WRITE IN THIS SPACE

50045803
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Galen Drive	201 Galen Drive
Suite, Apt. #, etc. 216	Suite, Apt. #, etc. 216
City & State Key Biscayne FL	City & State Key Biscayne FL
Zip 33149 Country Miami Dade	Zip 33149 Country Miami Dade

4. FEI Number 20-0068693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BIELICH, JULIO I
STREET ADDRESS	201 Galen Drive #216
CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	DS
NAME	BRADLEY, HENTY
STREET ADDRESS	6207 Royal Palm Beach Blvd
CITY-ST-ZIP	Royal Palm Beach, FL 33412

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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: Julio I. Bielich 4/27/05 305-573-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)