2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009790

Entity Name: CARBAR ENTERPRISES, INC.

1132 NW 130TH AVE.

PEMBROKE PINES, FL 33028

Address: City-St-Zip:

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1132 NW 130TH AVE. 1132 NW 130TH AVE. PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 US **Current Mailing Address: New Mailing Address:** 1132 NW 130TH AVENUE 1132 NW 130TH AVENUE PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** DENTNESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD 1203 GOVERNORS SQUARE BLVD SUITE 101 SUITE 101 TALLAHASSEE, FL 323012960 US TALLAHASSEE, FL 323012960 US 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: BUSINESS FILINGS INCORPORATED 04/26/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NUGENT, AJANI Name: Name: 1132 NW 130TH AVE. Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: Title: () Delete () Change () Addition Name: NUGENT. BARRINGTON Name: 1132 NW 130TH AVE. Address: Address: PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition NUGENT, CARLENE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: BARRINGTON NUGENT **PRES** 04/26/2006