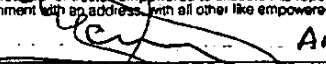


FILED
May 25, 2005 8:00 am
Secretary of State

04-28-2005 90219 008 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000028428			
1. Entity Name CARB'S RESTAURANTS CORPORATION			
Principal Place of Business 11531 SW 93 ST MIAMI, FL 33176 6222 SO. DIXIE HWY SOUTH MIAMI, FL 33143		Mailing Address 11531 SW 93 ST MIAMI, FL 33176	
2. Principal Place of Business 6222 SO. DIXIE HWY		3. Mailing Address 11531 SW 93 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SOUTH MIAMI		City & State MIAMI	
Zip 33143		Country DADE	
Zip 33176		Country DADE	
6. Name and Address of Current Registered Agent CARBONE, ANTONIO C 11531 SW 93 ST MIAMI, FL 33176		7. Name and Address of New 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. (NOTE: Registered Agent signature required when renewing))			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP CARBONE, ANTONIO C 11531 SW 93 ST MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CARBONE, MEIRE P.A. 11531 SW 93 ST MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 redever 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:  ANTONIO C. CARBONE		(305) 595-3169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	