

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90135 041 ***158.75

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1. Entity Name
HUMBERTO CARBIA, PA



Principal Place of Business
**4035 BANYAN TRAIL DRIVE
COCONUT CREEK, FL 33073**

Mailing Address
**4035 BANYAN TRAIL DRIVE
COCONUT CREEK, FL 33073**

50065010



08192005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2439396 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARBIA, HUMBERTO
4035 BANYAN TRAIL DRIVE
COCONUT CREEK, FL 33073**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DC CARBIA** ☐ Delete
NAME **CARBIA, HUMBERTO**
STREET ADDRESS **4035 BANYAN TRAIL DRIVE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Pres**
STREET ADDRESS **CARBIA, Humberto**
CITY-ST-ZIP **4035 Banyan Trail Dr.
Coconut Creek, FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____ Date **8/30/05** Daytime Phone # _____

ATTACHMENT

50065010

July 27th, 2005

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Humberto Carbia PA
4035 Banyan Trails Drive
Coconut Creek, FL 33073
EIN# 56-2439396

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,

Humberto Carbia PA
#56-2439396