

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000160957

1. Entity Name
CARABOBO INVESTMENT CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 8:35

Principal Place of Business
2655 LE JEUNE RD #507
CORAL GABLES, FL 33134

Mailing Address
2655 LE JEUNE RD #507
CORAL GABLES, FL 33134



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2167549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSSETTI DI PIETRO, VICENTE A 2655 LE JEUNE RD #507 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS AGUIRRE, JUAN CARLOS 2655 LE JEUNE RD #507 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSSETTI DI PIETRO, VINCENZO 2655 LE JEUNE RD #507 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 an officer like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____