

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000160957

1. Entity Name
CARABOBO INVESTMENT CORPORATION



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

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

FILED

2008 APR 30 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008

Chg-P

CR2E034 (12/06)

4. FEI Number
41-2167549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~FLINGS, INC.
3732 N.W. 46TH STREET
FT. LAUDERDALE, FL 33311-4132~~

7. Name and Address of New Registered Agent

Name Juan Vicente Urdaneta
Street Address (P.O. Box Number is Not Acceptable)
2655 Lejeune Road, Suite 507
City Coral Gables FL Zip Code 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ST
STREET ADDRESS ROSSETTI, VICENTE
CITY-ST-ZIP 2655 LE JEUNE RD #507
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME P
STREET ADDRESS VARGAS AGUIRRE, JUAN CARLOS
CITY-ST-ZIP 2655 LE JEUNE RD #507
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME V
STREET ADDRESS ROSSETTI DI PIETRO, VINCENZO
CITY-ST-ZIP 2655 LE JEUNE RD #507
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME AS
STREET ADDRESS VERA, JESUS O
CITY-ST-ZIP #507, 2655 LEJEUNE ROAD
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 exemptions 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTORNEY IN FACT 4/22/08 205-7281319