

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90058 038 ***150.00

DOCUMENT # P05000001583							
1. Entity Name CARABOBO STONE INC.							
Principal Place of Business 10723 NW 85TH AVE. UNIT 4 MIAMI, FL 33178			Mailing Address 10723 NW 85TH AVE. UNIT 4 MIAMI, FL 33178				
2. Principal Place of Business - No P.O. Box # 8104 SW 116th AVE		3. Mailing Address 8104 SW 116th AVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State DORAL, FL		City & State DORAL, FL		4. FEI Number 20-2194637			
Zip 33178		Country US		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 GUADA OTAIZA, MARCO A 10723 NW 85TH TERR DORAL, FL 33178			7. Name and Address of New Registered Agent Name: GUADA OTAIZA, MARCO A Street Address (P.O. Box Number Is Not Acceptable): 8104 SW 116th AVE City: DORAL FL Zip Code: 33178				
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: 04/10/08				
(NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P	NAME GUADA OTAIZA, MARCO A		<input type="checkbox"/> Delete	TITLE P	NAME FARFAN, JORGE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10723 NW 85TH TERR UNIT 4	CITY-ST-ZIP MIAMI, FL 33178			STREET ADDRESS 23814 SW 107th PL	CITY-ST-ZIP HOMESTEAD, FL 33032		
TITLE V	NAME ESPINOZA, CARLOS A		<input checked="" type="checkbox"/> Delete	TITLE VP	NAME GUADA OTAIZA, MARCO A		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13529 SW 113 PL	CITY-ST-ZIP MIAMI, FL 33176			STREET ADDRESS 8104 NW 116th AVE	CITY-ST-ZIP DORAL, FL 33178		
TITLE V	NAME LOPEZ, JOSE		<input checked="" type="checkbox"/> Delete	TITLE D	NAME LINDO, IRALID		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10723 NW 85TH TERR. UNIT 4	CITY-ST-ZIP MIAMI, FL 33178			STREET ADDRESS 20871 NW 22nd CT	CITY-ST-ZIP Pembroke Pines, FL 33029		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE D	NAME MARTINEZ, ELIANA		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 8104 SW 116th AVE.	CITY-ST-ZIP DORAL, FL 33178		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
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 reports 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 or other like empowered.							
SIGNATURE:			DATE: 04/10/08 (786) 287-6993				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							