


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

04-27-2006 90204 029 ***150.00

DOCUMENT # P05000002877

1. Entity Name
NICOLE JUSTO CARBALLA, P.A.



Principal Place of Business Mailing Address
5509 NORTH CENTRAL AVENUE **5509 NORTH CENTRAL AVENUE**
TAMPA, FL 33604 US **TAMPA, FL 33604 US**

bb010006



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number
20-2113714

Approved For
 Not Approved

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

JUSTO CARBALLA, NICOLE
5509 NORTH CENTRAL AVENUE
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Accepted)

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | P JUSTO CARBALLA, NICOLE 5509 NORTH CENTRAL AVENUE TAMPA, FL 33604 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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 a other like empowered.

SIGNATURE: *Nicole Justo Carballa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nicole Justo Carballa

4/24/06 813-765-4773