



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90392 020 \*\*\*150.00

<b>DOCUMENT # P05000070324</b> 1. Entity Name <b>CARBELLAS HOME SERVICES INC.</b>					
Principal Place of Business <b>4950 S.W. 129TH COURT OCALA, FL 34481</b>			Mailing Address <b>4950 S.W. 129TH COURT OCALA, FL 34481</b>		
2. Principal Place of Business <b>4950 S.W. 129 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>4950 S.W. 129 CT</b> Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>41-2175659</b>	
Zip <b>34481</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEDINA, SHARON 4950 S.W. 129TH COURT OCALA, FL 34481</b>			7. Name and Address of New Registered Agent Name <b>Sharon Medina</b> Street Address (P.O. Box Number is Not Acceptable) <b>4950 S.W. 129 CT</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34481</b>		
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 <u>Sharon Medina</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-14-06</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDINA, SHARON 4950 S.W. 129TH COURT OCALA, FL 34481 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEDINA, DANIEL 4950 S.W. 129TH COURT OCALA, FL 34481 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sharon Medina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-06 352-369-1998 <small>Date Daytime Phone #</small>		